PUBLIC HEALTH NURSING

Volume 28 March 1936 Number 3

Special Pre-Convention Number

Public Health Nursing in California

Minimum Qualifications for Public Health Nursing Positions, 1935-1940

CANNED FOODS AND THE PUBLIC HEALTH

II. Iron and Tin Salts

● The question is sometimes raised as to whether the metallic salts which canned foods may acquire from contact with tin containers are objectionable from the standpoint of public health. We are glad to present the facts in answer to this question.

The modern "sanitary style" can is manufactured from "tin plate". As the name implies, tin plate is made by plating or coating thin steel sheets with pure tin. This tin coating cannot be made absolutely continuous; under the microscope, minute areas can be noted in which the steel base is exposed.

Foods packed in plain or unenameled cans are, therefore, exposed to iron and tin surfaces. In enameled cans, foods are mainly in contact with inert lacquers baked onto the tin plate at high temperatures. However, because of minute abrasions in the enamel covering, unavoidably introduced during fabrication of the can, foods in enameled cans may also have limited contacts with iron and tin surfaces.

It is common knowledge that canned foods may acquire small amounts of these metals from contact with their containers. The acquisition of iron and tin salts in this manner is an electrochemical phenomenon (1); and the amounts of these metallic salts thus acquired will depend, among other factors, upon the character of the food. In general, the acid foods tend to take up more of these metals; especially when air is admitted after the can is opened. However, the quantities of tin or iron present in canned foods, as a result of reaction with the container, are small; the analytical chemist reports these amounts in "parts per million".

As far as iron is concerned, it is commonly accepted that the amounts of this element—recognized as essential in human nutrition—which may be present in canned foods, are innocuous.

As to the tin salts which may be present in canned foods, the Department of Agriculture has authorized the following statement as the result of its own investigation:

> "Our own experimental work, involving the ingestion of far larger amounts of tin than any previously reported, and supported by the experimental evidence of other investigators, leads us to the conclusion that tin, in the amounts ordinarily found in canned foods and in the quantity which would be ingested in the ordinary individual diet, is for all practical purposes, eliminated and is not productive of harmful effects to the consumer of canned foods." (2)

It may therefore be stated that the amounts of tin and iron salts normally present in commercially canned foods are without significance as far as possible hazard to consumer health is concerned.

AMERICAN CAN COMPANY

230 Park Avenue, New York City

(1) Kohman, and Sanborn, Ind. Eng. Chem. 20, 76, 1373 (1928); ibid, 22, 615 (1930).

(2) "Food-Borne Infections and Intoxications", F.W.Tanner, Twin City Pub. Co., Champaign, Ill., 1935, p. 90.

This is the tenth in a series of monthly articles, which will summarize, for your convenience, the conclusions about canned foods which authorities in nutritional research have reached. We want to make this series valuable to you, and so we ask your help. Will you tell us on a post card addressed to the American Can Company, New York, N. Y., what phases of canned foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles.

ACCEPTED AMERICAN MEDICAL ASSN Committee on Foods

The Seal of Acceptance denotes that the statements in this advertisement are acceptable to the Committee on Foods of the American Medical Association.

Public Health Nursing

Published Monthly at 104 Liberty Street, Utica, N. Y.
Editorial Offices, 50 West 50th Street, New York City

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TABLE OF CONTENTS FOR MARCH 1936

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ADVERTISING RATES MAY BE HAD UPON APPLICATION

Entered as second-class matter April 1, 1932, at the Post Office at Utica, N. Y., under the Act of March 3, 1879

Acceptance for mailing at special rate of postage, as provided for in Section 1103, Act of October 3, 1917, authorized August 27, 1918

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PUBLIC HEALTH NURSING

Official Organ of The National Organization for Public Health Nursing, Inc.

VOLUME 28 MARCH 1936 Number 3

EDITORIALS

THE HONOR ROLL

Year by year the number of public health nursing staffs having 100 per cent membership in the N.O.P.H.N. grows larger, and the Certificate of Honor is increasingly seen on the office walls of agencies and services in all parts of the country.

What does the Certificate of Honor mean—first, to the board or governing body of a service? Briefly, it means that the board can feel justly proud that it has a professional staff eligible for membership and aware of its responsibilities toward the National Organization.

To the staff as a whole it means the satisfaction of united support of the National and an expressed belief in higher standards of public health nursing.

To the individual nurse comes the sense not only of fulfilling an obligation toward her profession but also of group participation in sharing that obligation. It is a personal achievement, too, to have met the requirements for membership in the N.O.P.H.N., even though they represent but a minimum standard —a starting point, as it were, toward higher qualifications and better preparation.

Finally, what does it mean to the N.O.P.H.N. itself? There is probably nothing that gives the N.O.P.H.N. more courage and assurance in going ahead with its program than the loyalty of nurses and staffs throughout the country. Whether it is a pioneering one-nurse service in a rural county in the West or the large nursing staff of an enterprising city department of health which has made sacrifices to insure that every nurse is a member, the results are the same—an intense feeling of gratification for the backing that is being given the national program. It is this support that gives morale and impetus to the N.O.P.H.N. and makes possible a wider range of services and greater opportunities for leadership. The N.O.P.H.N. is proud of its Honor Roll!

LANDMARKS

Both savage and civilized peoples throughout the world follow the practice of establishing landmarks to serve as reminders of significant events or to warn of danger. Stone cairns marking waterholes are blessed by both savages and white men. Lighthouses have been used from earliest times to warn mariners away from dangerous shoals. Monuments are erected as reminders of important battles in a nation's history. Signs on our modern roads warn of dangerous railroad crossings or intersections.

In the field of medicine public apathy often bars progress in overcoming dan-

gerous diseases. Advancement is achieved only through the persistent efforts of interested groups whose annual campaigns for public support serve as reminders of their objectives. An outstanding example of this is tuberculosis. It was once this country's leading cause of death, but it has been beaten back to seventh place in national statistics.

One of the landmarks the National Tuberculosis Association has established to mark the progress of its work is the annual Early Diagnosis Campaign, which it sponsors throughout the country from April 1-30. In contrast to the annual Christmas Seal sale, the Early Diagnosis Campaign is a purely educational effort. The philosophy behind it is that a single phase of the tuberculosis problem shall be selected as the theme of each campaign and that the full weight of the 2,000 affiliated tuberculosis associations throughout the country shall be placed behind it to impress these facts upon the public. This year emphasis will be placed upon:

(a) The discovery of tuberculosis in its early stages and the need for going to the doctor promptly when symptoms are first apparent.

(b) Anticipating tuberculosis among youth of high school and college age by examination with the tuberculin test and X-rays.

In addition, the associations will include the story, not yet generally known, that the doctor today is able, because of modern weapons such as the X-ray, to be more precise in his diagnosis than was formerly the case. Two pamphlets have been specially prepared for distribution during the campaign. They are "On Your Guard" and "Robber of the Prime of Life." The former describes briefly the common danger signs of early tuberculosis and explains that the doctor's modern knowledge is of little avail unless the patient takes the initiative by going to him. The latter points out that tuberculosis is still the greatest cause of death between the ages of fifteen and forty-five and urges the routine examination of apparently healthy young people with tuberculin testing and X-ray in order to anticipate the developments of the disease.

The National Tuberculosis Association has long maintained that tuberculosis could be placed under control almost overnight if the public would put into effect existing knowledge about it. This is of great significance in view of the fact that no specific cure has yet been discovered for it. Despite this fact, science has literally advanced its outposts into the very lair of the tubercle bacillus. The tuberculin test, the X-ray and modern chest surgery permit the detection of the tubercle bacillus within the body before it causes active disease, permit the physician to peer into the body to discover how much damage has been done, and greatly increase the chance for cure if the disease has secured the upper hand.

Out of these facts has been born the slogan for the campaign—"Fight Tuberculosis With Modern Weapons."

The public health nurse, ever alert for new aids in teaching that tuberculosis is preventable and curable, will find the pamphlets useful for distribution to patients and as the basis of talks to service clubs, schools and industrial groups. They are a suitable size for the Stanley bag.*

*Specific information about how the campaign will be conducted in each community and how nurses can assist should be secured from your local tuberculosis association.

City of the Angels

By MARYANN CHAPPLE

Los Angeles, California

Mrs. Chapple as a former president of the Los Angeles Junior League is keenly interested in social welfare. She has been a frequent contributor to the *Junior League Magazine*.

"Snow-covered Mountains and Sunkist Orange Groves"

IN the year 1781 a little group of adobe huts, huddled along the dry channel of a far western river, was given the romantic and high-sounding name of *Pueblo de Nuestra Senora la Reina de Los Angeles* (which means, in plain English, City of our Lady Queen of the Angels). In these one hundred and fifty-five intervening years, certain powerful influences have reshaped the destiny of this little Mexican settlement. Due largely to its glorious climate where bad weather is perennially regarded as "unusual," the wealth of its opportunities for the development of agriculture and commerce, and the exhilarating dream of success which invariably attacks all arrivals in California, this miniature village has grown out of all bounds until it now extends from the mountains to the sea, covering the entire floor of a great and fertile district.

As our eastern guests enter this southland by train, they will be expected to express amazement at the strange and beautiful proximity of snow-covered mountains and sunkist orange groves which have been properly publicized by all modern song-writers. And, as the train stops for a moment in Pasadena, they may be tempted to descend for a visit to the celebrated Huntington Gallery, home of the famous art collection (containing among other masterpieces,

Gainsborough's "Blue Boy," Laurence's "Pinkie," and Sir Joshua Reynolds' "Tragic Muse"), and one of the most remarkable libraries in the world, now the repository for thousands of rare first editions and original manuscripts. Not far from these guiding spirits of the Huntington Foundation dwell the great astronomers who perch on Mount Wilson to peer through their 100-inch telescope, largest instrument of its kind in the world, and the *savants* of the California Institute of Technology in whose *Athenæum* Einstein makes his home when he visits the Pacific Coast.

But the steadfast traveler will cling firmly to her Pullman couch and, resisting any tangent temptations, journey on for yet another half hour until she reaches Los Angeles, the largest city of the Pacific Coast with the astounding population of over a million and a half people. On the way to her hotel this eager visitor will pass near the towering City Hall, a white shaft in the sunlight, provided the far-famed sun condescends to shine that day, and by the striking sentinel of the Public Library.

As she gathers her strength and unpacks her laundry in the airy hotel domicile, a great many plans should be coursing through the visitor's whirling mind. There is so much to see, so much to be done; and if every famous and infamous spot isn't visited at least once, the folks at home will be desolated when the time comes to regale them with a play-by-play recital of THE TRIP.

First of all, to really get the lay of this very spacious land, the ardent sight-seer should ride, atop a two-decker bus, out Wilshire Boulevard through the smart shopping district dominated by the tower of Bullock's Wilshire spectacular modern building, past the fashionable residential districts of Windsor Square and Hancock Park, even unto the portals of Beverly Hills. Then, if the spirit is still willing, it is amusing to go a little farther still, into the toy city of Westwood Village, home-town of the great University of California at Los Angeles. There you will find all the shops and buildings, markets, and banks of charming California architecture—warm white-washed brick, gay little balconies flower-bedecked, and cobblestoned courtyards covered with bright awnings and filled with crazy, comfortable furniture. Notice, everywhere you go, the open-air flower markets, riots of color, and the great vegetable marts which beckon the poor housewife with arms of crisp green watermelons and fingers of bright yellow bananas. Everything is vivid and fresh and warm in southern California in June—we hope!

If art or music delights you, there is the excellent Los Angeles Museum at Exposition Park filled with an extraordinary and ever-changing collection of interesting exhibits, or the glorious "Symphonies Under the Stars" in the Hollywood bowl where, four evenings a week during the summer, world renowned conductors spell-bind their audiences with enchanting music in the most fairylike of settings.

California is, of course, a country of sports—tennis, golf at the beautiful country clubs, and, most popular of all, swimming along the fair beaches of Santa Monica Bay where everybody and his neighbor spend entire week-ends in little tents or trailers on the warm and welcoming sand. A new craze, logically succeeding in our eager minds the charm of miniature golf, is the thrill of miniature auto races held once a week at the Gilmore Stadium on Beverly Boulevard—great midget classics in which daredevil racers whisk around the track at a frantic speed of fifty miles an hour in toy automobiles just about right for an eight-year-old. And the crowd goes wild! It's silly, but it's fun.

In fact for the complete hedonist who refuses to tramp anywhere with guidebook in hand, Los Angeles is a paradise. There are a hundred-and-one attractive places to eat very good food: the Vendôme, swanky restaurant of Hollywood's noon hour; the three Derbies, most celebrated of which is the original Wilshire Café where you actually "eat in the hat"; the new drive-in spots where fancy females serve you quick food right in your car. These phenomena, together with the equally startling modern inven-

tion of drive-in movies at which you may witness a whole picture while parking in your own car in a great open-air lot, are all products of the fertile Angeleno brain and certainly unique as natty novelties.

Night life in Hollywood has been written up in every Sunday supplement from Paris to Jahore, and probably quite accurately, too. It *is* gay. Perhaps the most talked-of night rendezvous of all, both for its fine food and for the even finer film clientele it attracts, is the Trocadero. There are many others, each known for its own particular specialty—the Ambassador Cocoanut Grove with its palm trees and leering monkeys, the Biltmore with its tiered Bowl, the Miramar's garden diningroom, so fragrant and cool in summer, the Victor Hugo in Beverly Hills which boasts a patio dance terrace, the Beverly Wilshire, the Hollywood Roosevelt and many more. It would be difficult, even dangerous, to try to catalog all the good places to eat and enjoy yourselves in Los Angeles. Before long one would be sure to collapse from sheer exhaustion. Suffice it to say that there are enough to accommodate all the visiting nurses!

For theatres, beside the regular countless picture palaces, there are two unique halls of entertainment which the stranger should not fail to investigate. Grauman's Chinese is the most notable of all the great Hollywood theatres and especially intriguing because of the varied and even startling sentiments inscribed in the concrete of the forecourt by Mr. Grauman's many friends. There is also the Theatre Mart which has housed for the past three years the old melodrama of "The Drunkard." A thoroughly unique and hilarious evening will be had by all at the Mart, during which three or four hours you will eat pretzels and guzzle beer (all on the house) and jeer the villain and cheer the hero to your heart's content. And, although the advertisements say, "It can't last forever," we sometimes wonder.

They tell me it is absolutely imperative for every novice visiting these parts for the first time to take a tour of the movie homes. This can be done by riding out Sunset Boulevard until you come to Beverly Hills and hiring one of the self-advertised guides you will see on the corner there. I do not guarantee that the houses he points out to you will be in reality the houses he says they are—but no matter, you will have gleaned a lot to tell the folks back home, for if it isn't Harlow's home he indicates so positively, it's sure to be William Powell's! But don't fail to see, properly authenticated, the glorious estate of Pickfair, Mary and Doug's erstwhile abode, and the colossal beach cottage to which Marion Davies repairs for quiet week-ends on Santa Monica Bay. Tolucca Lake is also a hive of picture activity as is Malibu Beach up the coast, if you can persuade some loyal friend to trail you there and back (a round-trip trek of some three hours from midtown Los Angeles). Of course if your reflexes or relatives demand that you should personally encounter some picture stars in the flesh, take a chance on the Hollywood Derby for lunch on Wednesday or Thursday or the Beverly Derby on Thursday or Sunday evening and you should get results. But don't blame me if all you see is Boris Karloff —and then fail to recognize him!

Strangely enough, within this seething modern metropolis of Los Angeles, there still remains the vivid recollection of old California where one can actually breathe again the ancient and leisurely air of early Spanish days. Go down to the time-honored Plaza, center of our first town life, and wander through that beguiling little Mexican settlement of Olvera Street, oldest traffic way in Los Angeles, where natives in big *sombreros* (ten-gallon hats, to you!) vend Spanish pottery, Mexican glass, and *tortillas,* all of which, including the *tortillas,* are guaranteed to transport the casual visitor straight back into the days of the great *fiestas.* There is a charming little Old World café down there called *La Golondrina* where you will devour real Spanish food and like it. Nearby this ancient colony stands the old Mission, *Nuestra Senora la Reina de Los Angeles,*

a fitting guardian to this colorful passageway.

There are several delightful suburbs of Los Angeles which will well repay, in wealth of beauty and Old World charm, a visit from the energetic traveler. San Gabriel is a sleepy little town which wakes every spring for the annual performance of its historic Mission Play. Santa Anita, just beyond Pasadena, is the site of the fine new racing track, one of the most spectacular sporting clubs in the world, and it marks the center of the famous old Baldwin Rancho, "Lucky" Baldwin's *hacienda* of the past. In Long Beach is the forest of derricks known as the Signal Hill Oil Fields which night transfigures into a fairyland of twinkling lights and stars; and farther along the coast is San Pedro, harbor of Los Angeles, twenty-two miles from the city, dredged years ago out of mud flats and ever growing with the vast shipping interests of the city until now it is the leading port of the Pacific coast. The mission of San Juan Capistrano, down the coast a hundred miles, and the exquisite old restored church of Santa Barbara, a two and a half hours' drive north, are worth a visit each.

And for a final perfect week-end in Southern California, there is the thrilling choice of a sail to Catalina, the enchanted island home of the Wrigley family, which is advertised by the famous slogan, "In all the world no trip like this," or a jaunt into old Mexico to America's most famous spa, Agua Caliente!

The Lure of Carmel

Public Health Nursing In a California County

The San Joaquin Local Health District

By HELEN S. HARTLEY, R.N.
Superintendent, Public Health Nursing, San Joaquin Local Health District, Stockton, California

THE San Joaquin Local Health District is a governmental subdivision of the State of California, which includes the incorporated towns and rural area of San Joaquin County. The county (approximately 1500 square miles) lies between the Coast range and the foothills of the Sierra Nevada and ranks high in production of fruits, grains, vegetables and dairy products. The population (1930 census) of 102,871 is 84 per cent white with Filipinos, Japanese, Mexicans, and Chinese making up the greater part of the remaining 16 per cent. About one-half the population is in Stockton; also there are two incorporated cities of about 6,000 each and one of approximately 2,000.

The Health District is governed by a board of trustees: one from each of the four incorporated cities and one for the rural area. The present board consists of a farmer, a sanitary engineer, a dentist and two medical men. The professional staff consists of a health officer with two medical assistants (one part time), seven sanitary instructors, three bacteriologists (one part time), two dentists, two clinic nurses (one part time) and fourteen public health nurses.

The Stockton office is headquarters, with four branch offices in the county. Policies emanate from the Stockton office and are carried out in all parts of the county without variation. Branch offices are staffed by a public health nurse and a sanitary instructor. The largest branch office has a full-time clerk. Each branch office is the health center of that area where infant welfare, preschool and school child health conferences are held regularly. A physician is in attendance at each conference. Office hour schedules are strictly adhered to by each branch office nurse and schedules have not been changed in ten years' time.

The Stockton Health Center houses the administrative staff, laboratory clinics and the larger group of field workers. Health Center clinics include guidance in child growth and development, and communicable disease. Medical, surgical and allied treatment clinics are conducted by the Out-Patient Department of the San Joaquin General (County) Hospital. This Out-Patient Department is two blocks distant, a fact which adds much to the convenience of field workers and the public.

Public health nursing staff headquarters are in the Stockton office and to indicate their relationship to other departments, a brief outline of activities is presented.

OUTLINE OF ACTIVITIES

Prenatal care is supervised by the private physician and the Out-Patient Department clinic. Public health nurses refer patients to physician or clinic and do the necessary follow-up. Clinic patients are referred to the San Joaquin General Hospital for delivery and dismissals from the hospital are reported to public health nurses. Upon dismissal of the mother from the Out-Patient postnatal clinic, the infant is referred to the well-baby conference at the health center for continued advice regarding growth and development.

Advisory clinics for the infant and preschool child are held at health centers while treatment clinics are available at the Out-Patient Department. Stockton and rural areas are districted and the nurse assigned to the area carries on all activities within that district including children of school age at home and at school, whether public or paro-

chial. It has been the policy of the San Joaquin Local Health District to supplement the activities of the school in all possible ways. Laboratory tests are made of water supplies of all rural schools, the samples being taken by the sanitary inspector when he makes the annual inspection of school buildings and surroundings. Often questions of lighting, seating and heating are matters for consultation between the nurse and sanitary inspector before approaching school authorities.

Teachers and nurses sift the school group and refer children to the health center for complete examination. Children requiring treatment are referred to their own physician or treatment clinics. Malnourished children are automatically assigned for cot rest. Most city schools and larger rural schools have rest classes and small rural schools provide at least one cot. The growth record is kept by the teacher who also supervises rest periods. Arrangements for a definite health program for school children begin with the parent and include the teacher, whether it be restricted or modified physical education activity or removal from school to preventorium. About 85 per cent of the children of school age are protected against diphtheria and smallpox. This year it is planned to discontinue immunization clinics in schools and concentrate upon immunization of the infant and preschool group who are now only about 40 per cent protected. The nurse also gives much time to the program of communicable disease control. She places and lifts quarantines and is concerned with instructions and follow-up of contacts.

The Stockton Health Center also houses the orthopedic clinic for children, skin and venereal clinic, and diagnostic clinic for tuberculosis and heart conditions. A card system for reporting back to the field nurse keeps her in touch with the diagnosis and advice given. All known contacts of tuberculosis patients are followed up and examinations arranged. Each nurse keeps her file of patients, contacts, malnourished children, returned preventorium children, foster home children and families dependent upon state aid. There are many uses for this list but an outstanding one is to check with the teacher's growth record which has proved to be a guide of interest to both teachers and nurses.

Stockton Health Center is also headquarters for rural school psychiatric social workers who are known as visiting counselors. The various examinations and tests needed by the children are held weekly in Stockton or branch offices. Visiting counselors and nurses confer frequently. Staff meetings are held twice each month and at times are attended by metropolitan nurses, rural school supervisors, visiting counselors, welfare workers and other interested persons.

In a brief article it is difficult to enumerate all activities indicating the relationship of the public health to all departments of the San Joaquin Local Health Districts and other professional and allied agencies. However, the category of public health nursing activities as outlined by the National Organization for Public Health Nursing is included with one exception. While actual bedside nursing is not carried on, much time is given to securing adequate care for the sick.

SIDELIGHTS ON THE COUNTY

Public health nursing in San Joaquin County is interesting because of the very lay of the land. The eastern part of the county reaches toward the foothills of the Sierras while in the western part lies the beginning of the delta area leading to San Francisco Bay. Despite four hundred miles of navigable rivers within the county borders, the land lying between the delta area and the foothills must be irrigated to produce profitable crops. The foothill country must have water pumped off the land to allow the crops to grow. That crops do grow is demonstrated by the fact that this county ranks first in California for the production of table grapes, cherries, wheat, corn, barley, onions and potatoes; and according to the U. S. Agricultural Census of 1920, ranked first

among the counties of the nation in value of products per acre.

Stockton is located near the center of the county and has approximately half the population. It is a city of homes with a few apartment houses. The Port of Stockton connects the inland with the sea and vessels from the Pacific and Atlantic dock here. Although each winter sees ice of paper thinness on some roadside puddle, those who would enjoy snow must go to the mountains In February, the first of the seasonal laborers begin harvesting asparagus and with them the work of the nurse is intensified. Asparagus fields—thousands of acres—lie in the island or delta lands and the workers must be protected from typhoid as it is almost impossible to keep the laborers from using river water.

A little later, in another section, peas begin to ripen and over night hundreds of pea pickers make camp, ready to work. There are children who go to school, doubling the attendance for a few weeks. Perhaps two teachers must be added to a comparatively small rural school and the nurse finds trouble. Typhoid, malaria and childhood diseases appear in what has hitherto been a group of well school children. In still another section a family comes by covered wagon and camps beside the river. The children go to school, the father picks grapes and the mother is a maternity patient—well, "The nurse will know what to do." An auto camp manager telephones to the office: "Please come. There is a very sick boy here. He rides all day on his father's apple wagon." The diagnosis is poliomyelitis. The boy is hospitalized.

It has not always been easy to reach schools on the islands. Formerly two of them could be approached from Stockton only by boat. Recently roads on the levees have been improved and are passable in dry weather. The children tramp across the islands or are brought to school by boat. Drinking water is hauled in milk cans and the children are immunized against typhoid as well as diphtheria and smallpox.

There is much pleasure in store for the rural nurse as she drives through her district. Beginning with the almond blossoms in February, each month has its beauty in blooms and fruits until the last grape and nut are harvested. Then there are miles of golden brown asparagus ferns and the yellow of riverside leaves to hold over until the "pussies" come out on the willows in January and it is spring again.

On week-ends one may take to the mountains beyond and pan for gold with the ghosts of '49, park the car close to the thick stone walls of buildings laboriously erected by those adventurers to house gold taken in exchange for clothing and groceries. There are steel doors and shutters that swing back into recesses and rings pinned deep into the side wall where horses were tied. One may prefer to follow the trails of Mark Twain and Bret Harte or attend the Jumping Frog Celebration at Angels Camp. One cannot fail to find a long perspective when standing like a little red ant at the foot of a Calaveras Big Tree looking up the trunk of the three-thousand-year-old Sequoia Gigantea as it reaches into the sky. Better than gold is taken out of those mountains by those who go after it.

Health Insurance in California

Its Effect on Public Health Nursing

By MARION E. RUSSELL

Psychiatric Social Work, State Relief Administration, San Francisco, California

What is health insurance?

It is true that not even the most skilled physician can predict who of us will be ill, or when or how long we shall need care, or how much our illness will cost. Even in the most prosperous times many of us are sicker than we need to be, or sick longer than necessary, because we cannot afford suitable medical care. Others of us pay very high fees in our sickness; and we become poorer. The Metropolitan Life Insurance Company estimates that the average number of working days lost annually by wage earners in this country is 6.9; yet we know that much of this time is unsupervised medically.

One solution would seem to be in having some kind of insurance plan, or a system for group payment of medical and hospital bills which would allow us in a collective way to meet our health problems as individuals.

What is the need for health insurance?

In this country it has been estimated that more than fifty millions, or well over one-third of us, do not receive the medical care we need, or find our bills for medical service are absolutely impossible for us to meet. If I, as an average citizen, have a pain in my abdomen it may cost me $60 for tests and X-rays, and $300 more for fees of different kinds before my pain is relieved, even though I earn only $90 a month. In California it is estimated that from 55 to 65 per cent of the people can not from their earnings finance the cost of a single major illness.

In 1933 it was found in a special study, mentioned later, that more than half the families in California had annual incomes under $1,200. And the blow falls most heavily on our poorest families, since the need for medical care is twice as great among this group as among the few families with incomes of $5,000 or over.

Here, on the one hand, we find that families who need extensive medical care either do not get it or do not pay for it. On the other hand, we find large numbers of doctors, dentists, and nurses who are either working for meager and inadequate pay or who are not busy because people can not pay their fees. Many of these doctors, dentists, and nurses would like to see a system in effect which would mean adequate medical service for everybody, and a fair livelihood for themselves. Medical charity is, after all, a wasteful substitute for a plan of health insurance.

Although we all may be sick, and then worried about medical costs, actually only one of us in fifteen has needed hospital care in a year. On this basis the insurance idea is a workable one.

Should health insurance be voluntary or compulsory?

Whether such a plan should be voluntary or compulsory is debatable. As Americans we naturally favor voluntary methods. But as human beings we may need a compulsory arrangement for health insurance. European experience has proved that voluntary health insurance is not adequate and that it leads to compulsory methods. This is due partly to the fact that the poorest people can not really be covered by a voluntary system. And it is the people with low incomes who need health insurance most. These people do not subscribe to a voluntary system in sufficient numbers to make it work. It is natural, also, that when we are well we do not see the need of belonging to a health insurance plan. It is when we are potentially ill that the plan seems most

desirable. The assets of the insurance carrier are weakened if this trend is large enough.

Also, Europe has found that when a voluntary plan is undertaken first, the worst abuses which develop under a voluntary method are carried through to confuse and interfere with the workings of the compulsory plan which inevitably follows. For these reasons the compulsory method was favored when legislation was considered in California last year.

What is the difference between health insurance and socialized medicine?

Health insurance merely signifies a more evenly distributed method of meeting medical costs. State medicine or public medicine or socialized medicine implies the socialization of medical service itself. The difference between health insurance and socialized medicine depends on how largely the government participates in operating a scheme for state or national health. Health insurance would merge into state medicine just as soon as it became a function of government, with government offices and governmentally appointed, and paid, officials. Many contend that just as soon as the government makes health insurance compulsory it steps into management, and appointments may be political. There is, however, no reason to suppose this inevitable, since, for instance, education is compulsory, yet there remains considerable freedom of choice and development.

What is the difference between health insurance and group hospital insurance?

In the United States there are today around two hundred different proposals and plans for group medical insurance actually in operation under members of the organized medical profession. Among some of the better known are the King County Medical Service Bureau of Seattle, the associated hospital plan in New York City, approved by the Medical Society of the State of New York, and the Ross-Loos Clinic in Los Angeles. These depend for their success on the voluntary joining of groups of individuals, each able to pay the very nominal fee for insured medical care. The American Hospital Association believes that group plans can and do relieve tax funds and philanthropy by providing a means whereby people can pay for their own hospital bills.

This group plan for hospital insurance has been markedly successful where it has been worked out. It may be a step toward health insurance, or it may establish such genuine acceptance on its own merits as to seem in itself the solution to our special health problem.

What types of benefits would health insurance cover?

The possibilities of benefits in the California Act proposed last spring were of two classes. The first included the basic services: a physician chosen by the patient (the physician to give treatment and care for not more than twenty-six weeks in a hospital or elsewhere as he feels the case may warrant); laboratory services; therapeutic dental service (on doctor's prescription); prenatal and maternity care; hospital maintenance and care (21 days free, and 90 days at nominal charge; 65 days at nominal charge, instead of 90, for beneficiaries over 65 years of age); health supervision and preventive medical care to infants and children up to 14 years of age; essential drugs and medicines.

The second possibility of benefits depended on a surplus in the insurance Fund. This would then justify the giving of: extra drugs and medicines; appliances; nursing service outside the hospital; institutional care for convalescents; prophylactic dentistry and orthodontia. This secondary type of benefit could not, of course, become available until the Fund resources would warrant it.

In foreign countries a wide variety of cash benefits, along with medical benefits, is allowed in health insurance. In connection with these has been found the problem of malingering, a difficult one for the doctor and the insurance carrier to meet.

In California it was recommended that cash benefits for sickness should be administered separately, if at all, from health benefits, since this would increase the administrative costs too much and put too high a financial burden on John Jones, applicant for health insurance.

Who would be protected by health insurance?

It was planned that any resident could contract for health insurance for himself and his dependents. Certain groups could take out health insurance for other groups, subject, of course, to certain regulations.

Where would the administration of health insurance be placed?

On this question hangs considerable disagreement in California, and elsewhere. The Act proposed last spring suggested that the State Treasury should receive the funds and credit them to a "Health Service Insurance Fund." The State Treasurer would be the custodian.

There would be a Commission whose function it would be to investigate, regulate, and control all questions pertaining to the operation of health insurance. This Commission would be composed of five members, appointed by the Governor and approved by the Senate, two of whom must be physicians who have held the degree of M.D. for at least ten years. The Commission would be assisted by an Advisory Council of ten members, whom it would itself appoint.

A number of physicians have felt they should have more powers of management than this Act calls for, believing that as doctors they are best able to judge of matters pertaining to health. On the other side has been the belief that the management of such an Act would in itself not involve medical knowledge and skills, but rather the principle of insurance.

Source of funds for health insurance?

The individual is not usually entirely responsible for his own illness. The community and industry are also involved. It is thought important, therefore, that each should bear some part in the cost of health insurance. From the standpoint of the prevention of illness it is also important that this be done, so that each will participate more fully in a program to prevent sickness. That such an incentive is useful is seen by the strides made in industry toward the safety of the worker, following the legislation for workmen's compensation.

The Act proposed in California suggested, therefore, that the funds for generalized health insurance should be met through joint payments by employers (other than the State itself), employees, and the State. Since in this country approximately 14 per cent of the costs of health and medicine have for some time been financed through tax funds, this responsibility of the State is not a new idea.

What has been the developmental history of health insurance in California?

Organized interest in meeting the high cost of sickness took shape in the California Senate in April 1933 when a Senate Committee was appointed to make a study of these costs and their possible solution. For two years the four members of the Senate Committee worked unstintingly, at their own expense, on an investigation and study. Shortly after the creation of this Senate Committee the House of Delegates of the California Medical Association created a Medical Committee of Five to work with the Senate Committee. The plan was to make a survey of medical services and costs in California. Since no appropriation for this was available, they obtained a grant of about $56,000 from work relief funds. The survey was conducted under the direction of Professor Paul A. Dodd of the University of California at Los Angeles, and an advisory council of economists and sociologists from the faculties of six California universities. The California Medical Association also spent over $35,000 out of its own pocket. During this time nearly 3,500 bills were brought before the California Legislature proposing solutions which might prove fair and acceptable to both the public and the medical profession. Early in 1935 the results of the special survey

under Dr. Dodd, the most extensive of its kind ever made, became available. It showed among other facts that a large proportion of families in California have annual incomes under $600; that there is greater need, proportionately, in families of low income groups for medical and dental care; that neglect to see the physician and dentist is correspondingly higher for people of low income; that families of low income, not eligible for free care, are the hardest hit of all; that the problem of meeting costs of medical care is not so much due to the magnitude of the total costs as to the uneven distribution of these costs among the families concerned.

On the side of the medical and dental professions and hospitals, there was a picture of correspondingly marginal incomes resulting from the unsatisfactory situation. And there was need of an assured income from care given.

As a result, a bill (Senate Bill 454) was prepared by a special medical Committee of Six, and introduced by the Senate Committee to the spring session of the Legislature in 1935. This bill, then approved by the California Medical Association, favored compulsory health insurance, though the American Medical Association had gone on record in March and April as opposing it.

The California State Nurses' Association also went on record in April 1935 as approving the principle of health insurance, and resolved that adequate nursing service should be provided, supplied only by nurses registered in California, and that machinery should be set up to direct and standardize such nursing service.

Immediately this bill drew an enormous amount of opposition. It was opposed: By hospital organizations who saw new weaknesses in the situation; by Christian Scientists who did not favor compulsion, but who, if exempt, would keep the bill from being constitutional; by many lodges and fraternal orders; by chiropractors, who feared they would suffer as a result of it; by farmers and low-income storekeepers, who questioned how able they were to meet such a tax; by supervisors and special interests. The City of Los Angeles opposed the bill, since it would mean payment of a considerable tax for its many employees.

So many amendments were therefore proposed that the bill was amended entirely out of its original shape, and was then not acceptable to anybody. It therefore died in committee last spring. But both the Senate and the Legislature then appropriated $5,000 to have a report brought in to the next session of the Legislature in 1937, and authorized the committee to accept donations for this. It is their hope that previous laws relating to medical care will be revised to suit changed conditions and made to fit what the public can afford.

What is the prognosis of a health insurance bill in California?

No positive answer to this question is warranted at the present time. There are senators who are enthusiastic and actively interested in the advancement of the health insurance cause. There are also outstanding physicians who are working toward it actively. Numbers in other lay and professional groups favor it.

However, a postcard poll among California doctors has recently shown an overwhelming majority of doctors opposed now to health insurance. This reverses their own position of last spring when they favored compulsory health insurance.

The actual prognosis of a health insurance bill depends on the shaping of public opinion in one direction or the other. This is done largely through newspaper and magazine articles, talks to clubs, etc. Although we as Americans can not be called consistent in our devotions, still our general thinking appears to be growing more socialized in its interest in the welfare of the average man. Along this line, we shall probably think more and more of a health insurance bill, or of some measure which will mean more and better medical care for the average person. The chances of passing a bill will increase if one can be framed which will do away with avowed possible weaknesses of health insurance:

politics entering into the working of the system, the ticklish question of a satisfactory distribution of responsibility, the keeping down of overhead costs.

How would public health nursing fit into a scheme for health insurance?

The plan is proposed to integrate, develop, and use the existing health agencies in all communities rather than to foster new ones.

This year the California State Committee on Community Nursing is putting all its effort into assisting the nursing bureaus throughout the state to improve their service. Should health insurance become a law, the California State Nursing Association would then be in a position to say, "Here is a nursing service state-wide in scope, maintaining the highest standards, operating under nonprofit professional supervision, established many years, and with demonstrated satisfaction to the public."

The C.S.N.A. has formulated the following principles which it believes should be incorporated into the new bill:

(1) That adequate nursing care be provided for every policy holder
(2) That all home nursing service be under the supervision of a nursing organization approved by the C.S.N.A.
(3) That there must be complete exclusion of profit-making agencies
(4) That when possible, existing nursing organization service be used
(5) That the nursing program be coördinated with the community public health nursing program

In order to bring this about, the C.S.N.A. program will involve:

(1) Studying the nursing needs of the community
(2) Stimulating nurses to improve their professional knowledge and skills
(3) Developing postgraduate courses, institutes and lectures, especially in bedside care, newer treatments, health teaching, and public health
(4) Conducting an educational campaign to acquaint the public and the professions with the benefits of skilled nursing care in sickness.

What effect might health insurance have on the employment of public health nurses?

The actual provision of home nursing service falls into the type of benefit proposed to come only when a surplus in the Fund's resources becomes available. It is obvious that if there were a surplus in the Fund, the various visiting nurse services would necessarily be greatly enlarged, in size and scope, to meet the increased demand for home nursing care. The public health nurse would, more than ever, be the long arm of the hospital and the doctor; and would very practically save operating expenses.

It is now only a step in our thinking from the curative approach to the preventive. And with increased awareness of health needs on the part of the community, the public health nurse would naturally have more opportunity and need for health teaching. If this has been found true in our experience with life insurance, it would doubtless also be true of health insurance.

PUBLIC HEALTH NURSE CERTIFICATION IN CALIFORNIA

As a result of the vigorous efforts of the public health nurses in California, led by the California S.O.P.H.N., higher qualifications for certification of public health nurses in the State have recently been established. In accordance with the provisions of Section 4225b of the Political Code, the qualifications are as follows:

1. Applicant shall be a registered nurse under the law of California.
2. Applicant who has completed a course in public health nursing from a school whose curriculum has been approved by the California State Board of Public Health may receive a certificate without examination.
3. Applicant who presents evidence of having engaged in public health nursing for a period of two years in connection with a public health organization approved by the State Board of Public Health may receive a certificate of public health nursing on passing an examination.
4. All applications for examination as public health nurse shall be filed in the office of the State Department of Public Health, 312 State Building, San Francisco.
5. All applications shall have attached to them an affidavit, sworn to before a notary public, as to qualifications outlined in paragraphs 2 and 3.
6. These regulations shall be in force and effect on and after January 1, 1936.

The Health Program in the Oakland Public Schools

By FLORENCE B. BUSSELL, R.N.
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THE health program of the Oakland Public Schools is administered under the Board of Education and is the particular responsibility of one of several closely coördinated divisions which together are known as the Department of Individual Guidance. I know of no better way to set forth our aims than to quote from the annual report of Herbert R. Stolz, M.D., Assistant Superintendent of Schools in Charge of Individual Guidance. Dr. Stolz has stated the purposes and policies of the department as follows:

The general purposes of the functions and services directed primarily toward special individual guidance of pupils are:

1. To promote throughout the school system more effective adaptation to meet the peculiar needs of pupils for whom the routine group instruction and organization are inadequate, and to coördinate the work of the several auxiliary services provided by the central office with the work of each school in discovering and guiding those pupils who require special treatment.
2. To supply supervision and expert service to those special and supplementary classes which are maintained for children physically or mentally handicapped to such a degree that individual adjustment in regular classes will not suffice to meet their needs.
3. To arrange systematic coöperation among school personnel, parents, professional groups, and community social agencies in giving individual guidance to those school children who seem to need it.

In carrying out these purposes, the following policies have been emphasized:

1. That no program of tests or examinations by experts at stated times separated by intervals of months or years is as effective as a program of daily observation and guidance by the classroom teachers.
2. That the public schools are not responsible for carrying on intensive family case work even though a school child's welfare seems to depend upon such an approach.
3. That over a period of years the best interests of school children are served by a school staff working through parents and through private physicians and dentists whenever possible rather than by encroaching upon their accepted functions.
4. That when expert staff and special facilities are limited, painstaking case work with a limited number is preferable to superficial work with all who are in need of attention.
5. That the schools should give preferential attention to those handicaps which directly interfere with educational progress and to the mitigation of which the school can make a direct contribution.

The Staff of the Department of Individual Guidance consists of:

1 Assistant Superintendent in Charge of Individual Guidance
1 Coördinator of Individual Guidance
13 School Physicians (2 full time, 2 half time, 9 part time)
1 Special Physician (Eye, ear, nose and throat—part time)
1 Supervisor of Nurses
4 Assistants in Individual Guidance
1 Supervisor of Instruction of the Deaf
24 School Nurses (20 full time, 4 half time)
2 Dental Hygienists
2 Special Teachers of Speech Correction
3 District Supervisors of Attendance
Clerical Assistants

It is essential in attempting individual guidance that all pertinent information relating to the problems of the pupil be made available to each of the several persons concerned with their adjustment, and that efforts be coördinated to avoid duplication and insure consistency of policy. This coördination is the responsibility of the coördinator in the central office and of designated individuals in the schools.

In this short article I cannot attempt to describe the functions of the several members of the staff in individual guidance or the work accomplished by their combined efforts. An outline of some of the services rendered in the health division of the department during the school year 1934-35 will illustrate the

activities carried on in the school health program.

SERVICES RENDERED

During the year the school physicians spent 1,296 hours in work in senior high schools, 458 hours in junior high schools, and 727 hours in elementary schools. In this total of 2,481 hours they gave 5,348 medical examinations and held 3,721 health consultations with pupils.

About one period per week of each school physician's assignment to senior or junior high school is given to case conferences with vice-principal, deans, counselors, physical education teachers and nurses. Records of pupils seen by the physician are discussed, and recommendations for program adjustments and follow-up are then made. At these conferences the exchange of information between the physician and the faculty representatives often throws valuable light on special cases. It is felt that time thus spent is worth while. In the elementary schools we invite the parent to be present for the examination. The principal or classroom teacher is often called into the consultation, the physician feeling that they have valuable contributions to make.

For two years efforts have been made by the nurses to persuade classroom teachers in the elementary schools to record, in an informal log book, items concerning their pupils' physical, mental and emotional peculiarities, with very gratifying results. The data thus collected are checked at the end of each term and items that are pertinent to the pupil's school life are copied on to his permanent record card.

For two years we have conducted supplementary rest classes in junior and elementary schools. During last year 977 pupils were enrolled in 27 rest classes in 21 elementary or junior high schools. Each class was held for approximately one hour daily under direct supervision of a school nurse. Pupils enrolled are recommended by private physicians, school physicians, principals, counsellors and teachers through the school nurse. In the judgment of school faculties, 712 of the 977 pupils showed definite improvement in school work, 469 showed improvement in emotional stability. In addition to the above, the responsibilities of the nurses in elementary and junior high schools are:

1. To assist in the registration of new pupils.
2. To train teachers in the techniques of weighing and measuring, inspecting and questioning, recording and referring, testing vision and hearing, observing habitual posture, observing signs and symptoms of illness, fatigue, or physical defects.
3. To inspect, question, and advise pupils referred by teachers or parents.
4. To confer with teachers, school physicians and principals concerning the guidance of individual pupils.
5. To refer to the school physician for examination those pupils about whom she has any doubt as to the need for diagnosis, medical treatment or adjustment of school program.
6. To notify parents of the signs and symptoms of physical handicaps or poor adjustment to school work which have been detected at school; to inform parents of the remedial agencies available in the community; to confer with parents about the adjustments in school program which seem advisable.
7. To investigate unexplained absence from school and report to the principal any findings which will help him to correct the repetition of illegal absence.
8. To render first aid for injuries when necessary.
9. To report promptly to the office at the Administration Building every case of suspected or definitely diagnosed communicable disease.
10. To act as coördinator of health service in the school.

The staff devotes a large share of its time and effort to the details of securing, for each pupil who needs it, the contributions of treatment which are available in the school, in the home, and in the community. Some idea of the scope and variety of this aspect of health guidance during the year may be gathered from the inventory which follows:

Coöperation with Parents—	
Home visits by school nurses	18,953
Home visits by dental hygienists	108
Conferences with parents at school or central office—	
By school physicians	1,442
By school nurses	10,835
By dental hygienists	118

It is obvious from the above that the school health program in the Oakland Public Schools is an integral part of the

whole program of individual guidance. In one sense the school nurses, school physicians and dental hygienists are counselors to pupils and to parents—counselors with particular skill and particular techniques along medical and nursing lines. In other words the health personnel shares with other members of the Department of Individual Guidance, responsibility in the adjustment of the whole child rather than merely for physical handicaps.

THE CALIFORNIA PACIFIC INTERNATIONAL EXPOSITION

A special day in honor of nurses will be celebrated Sunday, June 28, 1936, at the California Pacific International Exposition, San Diego, which began its second season on January 15. It is expected that a large number of visitors attending the Biennial Convention will be present for the special activities at the World's Fair at San Diego.

An afternoon tea in the House of Hospitality is one of the features suggested for this occasion. The visitors will be welcomed by District No. 8, California State Nurses' Association.

Among the many attractions at the Fair is the exhibit presented by Henry Ford depicting the history and progress of travel since the beginning of American history. Mr. Ford will bring many relics from his Dearborn museum, which will be placed in the big Ford Building. These will be supplemented by exhibits from the greater railways, steamship lines and aircraft companies, making a well rounded display of the various modes of travel.

More than 100 ornate palaces in beautiful Balboa Park in the center of San Diego are being renovated, interiors rebuilt and new exhibits being installed. Among these palaces are those of Fine Arts, Natural History, Education, Science, in all of which the displays will differ greatly from last year.

The Spreckles outdoor organ, largest in the world, will be the scene of many notable gatherings and a new lighting arrangement by which it will be "painted" in pastel shades of ever-changing hues, will be a center of attraction.

The entire lighting effect, which created widespread comment at the 1935 Exposition, will be changed for the next season. Instead of stationary lights

An Entrance to the Exposition

throughout the grounds, a mobile arrangement has been perfected by Otto K. Oleson, nationally famous lighting engineer of Hollywood. Under this arrangement, the entire exposition grounds will be bathed in moving bands of colored light, giving the effect as one enters the main gates, of a sweeping mass of soft colors, moving from one end of the grounds to the other, each shade blending with its adjoining hue in an ever-changing picture.

A complete new "fun zone" is being constructed in the 600 acre area of the park set aside for the exposition, which will include many new amusement devices.

During 1935 more than 5,000,000 visitors attended this World's Fair, and even larger crowds are expected to click through the turnstiles during the coming season.

Public Health Nursing in Santa Barbara County

By HELEN L. WOODWORTH, R.N.

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A Rural School

EIGHT public health nurses travel over two mountain ranges, three cultivated and one desert valley and a coastal plain to contribute a generalized public health nursing program to the work of the County Health Department which serves rural Santa Barbara County. The Department is directed by a full-time county health officer. One pediatrician, one dentist, one bacteriologist, two sanitary inspectors and four clerical workers complete the staff. Headquarters are in the County Courthouse in the City of Santa Barbara at the south end of the county. Fifty miles north on the route of the old Franciscan *padres,* a branch office is maintained in Lompoc Valley famous for the seed farms that blaze with color throughout the summer and fall. Seventy-five miles north on California State Highway 101, another branch office is provided at Santa Maria, the center of the vegetable growing industry. The coast line of the county lies east and west and provides a wealth of sandy beaches. It can truly be said that the sun rises and sets on the Santa Barbara coast.

The county is divided into seven nursing districts each arranged to include rural schools which can be grouped advantageously. Public health nurses drive from one to two hundred miles a month in the closely populated areas, up to two thousand miles each month in the sparsely settled cattle and grain country. Teaching is adapted to the standards and understanding of the Mexicans, Japanese, and Filipinos who gather the vegetable crops; the Swiss and Portuguese who run the dairies; the Italians who work the gardens on the beautiful estates; the ranch people of varying national and cultural backgrounds and to all economic levels to be found in the two small incorporated cities and the smaller unincorporated towns. Some families of the county live in extreme poverty. Their plight seems to be softened only by the warm sunshine in the middle of the winter days that begin and end with penetrating cold, and by the fact that in the "salad bowl" section of the county at least, vegetables at the packing houses are free for the taking all year round. Laborers returning from the fields at night have their pockets stuffed with celery, carrots, tomatoes, lettuce, broc-

coli, cauliflower and in season, with sacks of peas or string beans over their shoulders. After the harvests, gleaners in the fields are not an uncommon sight. In the pea and walnut picking seasons, some of our districts gain almost overnight mushroom communities of from one to two hundred people, mostly Mexican, with all the health problems that go with families that follow the harvests up and down the State. The County School Department sets up emergency schools and we join forces in the attempt to teach good hygiene, self-respect and good citizenship with perhaps a little English and arithmetic thrown in for good measure.

ACHIEVES HIGH RATING

In Santa Barbara County public health nursing as well as medical, dental and sanitary supervision is freely available through the County Health Department to any school district which requests it, and all districts now participate. We are most fortunate in the resulting single public health nursing service which encompasses all ages in the homes in an unbroken interest. Judged by the rating awarded the Department by the Chamber of Commerce Rural Health Conservation Contest for 1934, the whole service ranks third among the participating counties in the Western Division of the United States. As public health nurses we measure our own success in other terms more indicative to us of quality. Some of these are:

Number of mothers who complete their pregnancy with a full understanding of its psychology; its effect upon parental re'ationships; its significance to the physical and emotional stability of the new baby.

Number of children who reach kindergarten and first grade without physical and personality defects.

Number of teachers who contribute to the evaluation of the children's physical status.

Number of teachers who use the children's daily health experiences at home, at school, and in the community as one basis for lesson planning.

Number of parents who take their full responsibility for preventing the spread of communicable disease.

Number of parents who make their own arrangements for correction of physical defects when they have recognized the need.

Number of parents who understand the significance of a positive reaction to the tuberculin test and the value of adequate rest and a nutritious diet in the prevention of tuberculosis.

Prenatal service is most satisfactory in those communities where there is mutual understanding and confidence between the workers and the medical men. This makes possible a program of teaching which supplements the care which the pregnant mother receives in the doctor's office. Only a beginning has been made in this field. The greater part of our prenatal service at the present time consists in urging the importance of early medical supervision and helping mothers to get in touch with the Social Welfare Department when they are not able to go to a physician of their own choice. Sixty-four per cent of babies in the county are born in hospitals. Under the direction of the Children's Bureau of the State Department of Health, our public health nursing staff inspects and supervises maternity homes and maternity departments of private hospitals.

The filing of birth certificates which are letter perfect is our first service to the newborn babies. We do not lose sight of the value of this entrance to the homes for a planned and continued teaching which will help to lower our high infant mortality rate and help parents to guide more successfully the baby's early learning, but our performance is constantly threatened by other duties which at least seem to press more immediately. Recent sociological studies of the deaths of babies before their first birthday show us that public health nursing in the homes has not yet been applied to the best advantage in this field. For each infant death which occurs, the nurse in the district asks herself and records the answer to "How could my service to this particular home have been improved to help save the life of this baby?"

CHILD HEALTH CONFERENCES

Available to extend with medical supervision the teaching begun in the homes are child health conferences held in the county each month. The Department pediatrician, trained in public

health, and alert to all factors which influence growth and development, presides at these conferences which are so located as to be within the reach of every family. Community agencies such as the Parent-Teacher Association, American Legion, women's clubs, Farm Bureau Home Department, schools, churches and libraries emphasize the importance of the conferences by offering the hospitality of their meeting places and in some instances send volunteers to give more direct assistance. Wherever it is possible, the conferences are held in schools to help develop in the community an appreciation of the fact that this preschool work is closely related to the general educational program. These centers make possible the display of health exhibits of wide variation,—from furniture that fits small children, inexpensive books and simple play materials to exhibits illustrating food values and disease prevention. Mothers are taught to weigh their babies, take temperatures, and read thermometers. Nursery school methods of helping little children to help themselves are incorporated in the program. Using the Rural Health Conservation Contest method of computation, 69 per cent of babies between one and five years of age have been given the immunizing dose of toxoid.

A TEAM SURVEY

In some of the larger school districts this year, a "team survey" was substituted for the regulation annual nursing inspection. Teachers took an active share by evaluating posture. The team consisted of four public health nurses, the classroom teacher and student or adult volunteer clerks. The subsequent evaluation of the experience brought out the following points:

Advantages

1. There is early discovery of defective children who need special attention from the school physician.
2. There is early organization of work for follow-up. More point is given to school home visits, and parent interest in subsequent physical examinations should be increased.
3. There is teacher interest and learning.
4. There is community interest and learning. Representative women in the community and some parents acted as clerks.
5. The child's appreciation of the importance of the inspection is increased by seeing his teacher at work with the public health nurses.
6. The teacher is given an early picture of the physical condition of her class.
7. There is an advantage in observing working relationships in other districts.
8. It is fun to work together and less fatiguing.

Disadvantages

1. The time given to each child is so short that it is not possible for the nurse to get the condition of each well in mind.
2. Records are soiled by the children's handling.
3. The need for rechecking some children makes duplication of work.
4. The nurse is taken out of her district, and even though the day is made up through the exchange of services, there is loss of that particular day's work.

Suggestions for next year

1. That the public health nurse in whose district the survey is being made be free to circulate about the room and to speak with each child as he leaves his card at the last table.
2. That only those grades not given the routine medical examination be included in the team survey.
3. That parents and interested adults from the district serve as clerks instead of older pupils.
4. That record cards be given the children as they enter the examination room.

Another elaboration of the regular inspection this year has been the test for hearing for the first grade children. The 4-A audiometer has been in use beginning with the third grade for the past six years. We have found that most of the second grade children can be tested in large groups, but for the slower ones and the first grade, groups of four children are tested at a time. If the room is large enough, two groups of four can be tested. Each child is fitted with an ear-phone and the oral responses are written down by the operator. As the preliminary explanation is made to this little group, it is most usual that at least one of the four exclaims with some variation of "Oh, fun!" and so sets the stage for success. Children who are discovered to have some hearing loss are referred at the earliest opportunity to the school physician. In several instances hearing loss unsuspected by parents and teachers has been demonstrated as the cause

for slow responses and some small children have been saved from early accusation of "dumbness."

Sixty-seven and two-tenths per cent of the children in our elementary schools last year had been protected against smallpox and the work of this last fall has greatly increased that number. Seventy-five per cent of last year's school children had been given toxoid immunization. The tuberculin test has been given to 61 per cent of the school children. Positive reactors to the test are X-rayed and given an examination by a specialist in childhood tuberculosis. The X-ray outfit is owned by the Health Department and like the clinician specialist travels from school to school throughout the county.

DENTAL TRAILER

The Department maintains an automobile trailer with complete dental equipment and with it our full-time dentist visits each school in the county. All children whose parents so request in writing are given an oral and dental examination and minor dental treatments. The service is limited to preventive or prophylactic measures such as cleaning, temporary fillings and such other treatments as will check decay and preserve the teeth until the family dentist can be consulted. One of the most important results may be for the boys and girls to learn that going to the dentist is not an unpleasant experience.

The Dental Trailer

Beginning with the present school year, public health nursing students from the University of California at Berkeley have been assigned to Santa Barbara County in groups of four for rural field experience. One of our staff with special preparation in modern educational procedure, in addition to her regular district work is given responsibility for directing the students who are placed in the field at once as nursing associates. Students are given much responsibility for planning their own work and the advantage of discussing their plans with their field supervisor before they are put into execution.

Desert School

They learn on the basis of their needs in particular situations. At the end of the period of study, each estimates her own assets and liabilities and discusses the evaluation with the supervisor. While we do not look upon these young women as a means of getting our work done, they do actually give us much assistance as extra workers. And in addition there is inevitable stimulation in the association. Each of us feels impelled to do no less than our best with their appraising young eyes upon us. We value the connection with the University which keeps us in touch with the latest thought and progress in public health nursing, and we value the resulting potential source of familiar and well prepared nurses.

EXCELLENT FACILITIES AVAILABLE

"There would be some credit" for being successful in this county were it not for the assistance which surrounds us on all sides, beginning with the excellent roads which help to discount the distances. The finest medical services are available in such specialties as endocrine study and therapy, orthopedics, cancer prevention and the prevention and cure of tuberculosis. There is a tuberculosis sanatorium for adults and one for children is under way. A pre-

ventorium is available for a limited number of children and an unlimited amount of willingness to be helpful by taking in for a day of observation and instruction some member of a family which can give preventorium care at home. The Social Welfare Department of the county is well organized. A milk supply of high standard is assured through the enforcement of a county ordinance which requires all market milk, both raw and pasteurized, to be from tuberculosis free herds. The median bacterial count for dairies supplying the county is 4,300 as compared with the standard of 40,000 set by the Appraisal Form for Rural Health Work. The County School Department expresses its appreciation by extending to nurses membership in teachers' organizations and in requesting contributions from public health nursing at their various teachers' meetings.

On account of the wide separation of nursing districts, each public health nursing staff member must supervise her own program to a very great extent and we therefore appoint only public health nurses who are fully prepared in the theory of public health nursing and well fortified with experience. Staff conferences are held monthly in a central place in the county. They are used as an opportunity for the exchange of ideas and experiences, for group thinking in the consideration of mutual problems and as a general unifying influence.

PUBLIC HEALTH IN THE UNITED STATES IN 1934

It is of especial interest to note that the birth rate increased in 1934, being three per cent higher than in 1933; which, being stated in another manner, means that there were about 94,000 more babies born in the United States in 1934 than in 1933. The birth rate in this country has been decreasing for several decades.

The death rates from typhoid fever and diphtheria for the calendar year 1934 were both 3.3 per 100,000 population. For comparison in showing what has been accomplished in the past 34 years, in 1900 the death rate for typhoid fever was 35.9 per 100,000 and the diphtheria death rate was 43.3. In other words, there were 91,000 fewer deaths from these two causes in 1934 than would have occurred if the 1900 rates had prevailed. The decrease in the deaths from these two diseases is an outstanding example of the results of the application of modern public health science.

The tuberculosis death rate continues to decrease, and the 1934 rate of 56.2 per 100,000 population was the lowest ever recorded by the Public Health Service.

A total of 5,371 cases of smallpox was reported to the Public Health Service for the calendar year 1934, the smallest number for any year since records have been kept.

During the year 254,551 cases of syphilis and 161,810 cases of gonorrhea were reported to the Public Health Service by state health departments. That these figures do not represent the true conditions regarding the prevalence of venereal diseases, however, is shown by special surveys, which indicate that there are approximately 518,000 new cases of syphilis in the United States each year and 1,555,000 cases of gonorrhea. The importance of extensive and concerted effort on the part of all health organizations in combating these diseases is emphasized, if progress is to be made against them.

Excerpts from Report to Congress of Dr. Hugh S. Cumming, Surgeon General, U. S. Public Health Service.

Nursing in a Great Oil Refinery

By FLORENCE HOPE, R.N.

Industrial Nurse, Associated Oil Company, Martinez, California

A Re-Run Unit

ALTHOUGH classed as a public health nurse, I feel that the industrial nurse has problems of her own plus those of the public health nurse, as we have treatments and dressings of both industrial and non-industrial cases.

In our county we have a steel mill, cement works, sugar refinery, and three major oil refineries, all employing one or more nurses and from 100 to 1,500 employees. Two of these plants employ a full-time doctor, but the others depend on the nurse, the doctor having a private practice and spending approximately two hours on week-days, at the dispensary.

This throws much responsibility on the nurse, as it is not possible for all employees to visit the dispensary during the doctor's hours when the case needs treatment. There are all kinds of first aid to be rendered, slivers to remove, foreign bodies in eyes, strains, contusions, lacerations, fractures, especially of toes and fingers, infections resulting from lack of first aid, the employee thinking the injury too slight to bother with at the time, shock, asphyxiation, burns, etc. In case of serious injury the doctor is called but in the meantime it is up to the nurse to render first aid.

Our refinery, which is about four miles out of town, keeps a good supply of drugs on hand and for treatments we have infra-red light, diathermy, and also X-ray machine. In a case in which there is any possibility of fracture, an X-ray is taken—by the nurse—which means one has to be able to read the films and telephone results to the doctor.

Hospitals do not give a course in this particular work except in X-ray; therefore, we have to depend on information given in industrial magazines—which are few—regarding the cause and effect of the various chemicals on the employee.

The motto, "Safety First," is carried out very carefully and safety devices are used, but questions are always arising as to the harmful effects of working continually in gases, dust, and fumes. The safety engineer is always aware of the danger from accidents, but not from disease.

In the oil refinery we employ laborers, welders, leadburners, machinists, boilermakers, pipefitters, riggers, carpenters, painters, steamers and driers of drums, stillmen, firemen, tankcar cleaners, treaters, operators, chemists, testers, draftsmen, engineers, and office employees, all needed in their particular work in the refining of oil. They number between 800 and 900.

The work around a refinery is far from clean. Everything is oil-soaked and greasy; consequently, employees are working under these conditions day after day cleaning tankcars, storage tanks, stills, boilers, and repairing machinery.

The Plant

SCOPE OF WORK IN THE PLANT

To give you a more general idea of the work that is done at the plant:

The crude oil is either shipped or pumped from the fields in the south to the refinery and the following products manufactured:

Different grades of gasoline
Kerosene
Diesel oil
Butane
Asphalt
Lubricating oil and greases
Sprays
Polishes
Soaps
Cleaning fluids
Paint and lacquer thinners

In the process of manufacturing these are the gas products found in petroleum and petroleum products:

Methane
Ethane
Propane
Butane

Other gases used, formed, or present in the process of refining:

Hydrogen sulphide
Carbon dioxide
Carbon monoxide
Sulphur dioxide
Ammonia
Chlorine
Hydrochloric acid
Sulphur trioxide
Organic sulphur compounds
Acetylene and hydrogen used in welding or maintenance work

Vapors arising from gasoline are produced by the following volatile liquids:

Lead tetraethyl
Mercaptans

CONDITIONS AND DISEASES FOUND

Among the numerous complaints, diseases, and accidents that occur are the following:

Burns: Caustic, acid, electric, steam, asphalt, oil, gasoline.

Bronchial irritations: Dust, fumes. While bronchial irritations are many, tuberculosis among employees is uncommon.

Skin diseases and irritations: Dust, fumes, developing blue prints, unknown causes. We have many skin irritations and diseases, with vague history. The janitors in the laboratories using petroleum spirits for cleansing of bottles are subject to infected hands. In the cleaning of stills, reaction chambers, and towers from the accumulation of resicue carbon, the employee complains of bronchial and skin irritations.

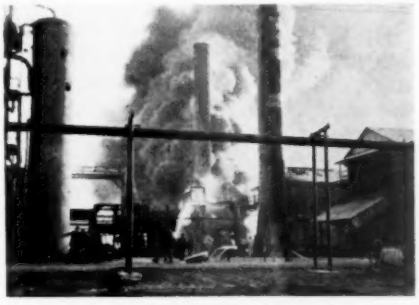
Stomach complaints: Indigestion, nausea, ulcers. These complaints are many, especially indigestion and a nauseated sensation after working in fumes from chemical vapors and testing samples.

Duodenal ulcers are common. We at present are using the Larostidin treatment for such ulcers; data on results as to cures, or the length of time in which all symptoms should disappear would be a great help, as the nurse is often the one that gives the treatments with the doctor's orders.

Other complaints are loss of weight, loss of appetite, sleeplessness, headaches, low hemoglobin, myositis, sinusitis, hay fever, etc. As we give medical care to all non-industrial cases as well as to industrial, you can plainly see that it is impossible for any doctor with a private practice to be able to prescribe for all complaints, or delve very deeply in chemical reactions or listen to small complaints. These complaints to the patient are serious, and the nurse should be able to distinguish the symptoms that are the forerunners of disease and see that the patient consults the doctor.

Discussions of the conditions described above and the treatment for them would benefit the industrial nurse very much.

We have so many different lines of work that sometimes I feel that we should be classed as "handymen." While the larger part of our job is taken up with our duties as a "clinical nurse," there are, in addition, great opportunities for health teaching as we carry out these daily treatments, and this is perhaps one phase of our work that needs to be much more emphasized and more carefully worked out.



The Great Hazard—Fire

THE AMERICAN JOURNAL OF NURSING FOR MARCH

Preventing Diphtheria in Rural Counties

By FLORENCE AMES, R.N., P.H.N.
Bureau of Epidemiology, California State Department of Public Health

Since studies show that the death rate for diphtheria in California is comparatively high, intensive efforts are being made by the State Department of Public Health to protect the children of the State from this disease.

IN no other field of preventive medicine does the child as an individual require our attention as it does in a diphtheria immunization program. To insure protection for the individual, the program must be organized to provide immunization for the entire susceptible group. This age group varies in different sections of our country depending upon urban and rural life, with its attendant development of natural immunity determined by the density of population and the diphtheria incidence. Previous mass immunization programs likewise have a bearing upon the degree of immunity in the community.

We still have many localities where systematic immunization programs are lacking. Combined with this, the greater part of our country is rural with limited opportunity to develop immunity at an early age by exposure to the diphtheria bacillus. Dr. E. S. Godfrey, Jr.,[1] has proven from his studies of diphtheria immunization in selected groups, that at least 30 to 50 per cent of preschool children must be protected against diphtheria to affect the incidence of the disease, regardless of the number of older children immunized.

No better evidence is necessary than a study of the morbidity and mortality rates in the section of country in which you live to determine the susceptible age groups. Both studies of morbidity and mortality rates and immunologic studies in different areas on the western coast indicate that the older grammar school group as well as the younger school group need to be included in the immunization program. As a result of these studies it is not considered necessary to Schick test before an immunization program. Kelly, Stevens and Beattie[2] reported after a series of Schick testing of rural children in California that 68.5 to 80 per cent were Schick positive from 6 to 14 years of age. This is a higher susceptible age than has been designated as safe to omit from immunization programs which are frequently quoted.

Schick and Kellogg testing of students in their sophomore year at both the University of California and Stanford University Medical Schools has been conducted between the years 1932 and 1935. Dental students were also included in the University of California group. These students serve as an index of the degree of susceptibility among young adults. Doctor Huldah E. Thelander[3] reported for the years 1932 to 1934 that 191 medical and dental students of the University of California were 65.5 per cent positive for both Schick and Kellogg tests. 34.5 per cent were negative. Dr. Charles E. Smith,[4] Stanford University Medical School, reported a series of Schick tests on 112 sophomore medical students with the following results: positive Schick 67 or 59.8 per cent, negative Schick 45 or 40.2 per cent.

A comparison of the death rates from diphtheria by age groups in New York and California corrobates the immunologic studies that the frequency at which the higher age group is susceptible plays a part in swelling the mortality figures.

New York death rates per 100,000 children in each age group, five-year average for 1927-1931, excluding cities

of over 250,000: under 5 years, 16.5; 5 to 9 years, 8.1.[4]

California death rates per 100,000 in each age group in the total population, five-year average 1928-1932: under 1 year, 14.3; 1-4 years, 26.8; total under 5 years, 24.5; 5-9 years, 15.3.[6]

MIGRATORY WORKERS A PROBLEM

No picture of the immunization problem in California can be visualized without taking into consideration the great army of migratory workers with families, who traverse the State from end to end. Formerly they followed only the seasonal crops of vegetables, fruit and cotton through the valleys and along the coasts. Since gold has reached a higher valuation, the fastness of the mountain streams has become the mecca for the wanderlust group of those who possess a rattling car, a pick and a gold pan with which to eke out an existence by placer mining. The most remote schools have doubled their numbers and in some of the large counties in the valleys the school population is 48 per cent migratory. This constantly changing, migratory group comes chiefly from the southwestern and central states and it would seem as though they had never remained in one spot long enough to become immunized before they reached our State line. The California State Department of Public Health has for many years offered assistance in diphtheria immunization programs in all sections of the State not covered by full-time health departments. To obtain this service the local health officer files a request with the department. The entire program is organized under his legal jurisdiction to meet the community needs. This area may cover an entire county with several small incorporated cities joining in the program. Wholehearted support of the immunization program by the medical profession is tantamount to success. Various methods are employed to gain their approval as well as their active assistance in administering the toxoid.

THE PLAN OF WORK

Experience has shown that a letter from the health officer to each physician followed by a personal call by the public health nurse brings best results. Universally the school district is the logical center in which to work. The county and city superintendents of schools are invited to share in the program by signing jointly with the health officer the letter sent to the parents through the schools. The mimeographed letter covers the salient facts regarding the value of toxoid, emphasizing the importance of immunizing the preschool child, and including all children in the grammar school. The medical profession is given credit for its members' gratuitous services to the community. The letter must be signed by the parents requesting immunization of their children. The program is launched simultaneously in all sections of the county beginning with a short intensive educational campaign through the local newspapers, classroom talks to children from the 5th to 8th grades, and with detailed instructions to teachers. Approximately two weeks are required for the preliminary preparations in a county. Certain schools are designated as clinic centers with a definite schedule of date and hour for the inoculations. Children from nearby districts may be transported on school time to the clinics. Preschool children are brought to the school clinic but segregated into one group to be immunized after the school children. Teachers compile a roster from the parents' consent blanks and each child is checked present or absent at the time of inoculation. Immunization certificates signed by the physician are given the parents.

Rare is the part-time health officer who has an appropriation to draw from for immunization work. Occasionally the county supervisors may be persuaded to purchase the toxoid and the program can be organized on a truly public health basis. However the energetic health officer and public health nurse have found a way to surmount this monetary problem by making a charge of 25 cents per child to cover the cost of materials. Biological laboratories have prepared toxoid in containers peculiarly fitted for mass immunization

work and are quoted to the official health department at wholesale prices for public health work. The equipment for field work has purposely been simplified to coincide with limited resources in order that communities may provide their own when necessary.

The equipment consists of several five c.c. and one c.c. Luer syringes, several dozen Vim stainless steel needles, No. 23 guage, two small pans with covers, a tea strainer in which to place needles for boiling, an electric plate or canned heat, and sterile towels. No substitution is ever permitted for the sterilization of all equipment by boiling, and for maintaining a sterile table. A nurse or teacher prepares the child's arm by scrubbing with alcohol and painting a small spot with iodine. A nurse does the sterilizing, fills syringes, and changes the needle between each dose. A physician gives the inoculations. By following this procedure from 200 to 250 children can be inoculated an hour. From 500 to 1000 children immunized a day is the average. The desirability of using either two doses of undiluted toxoid given at two weeks interval, or one dose of alum-precipitated toxoid presents a debatable question. If children over nine years of age are included in the group, undiluted toxoid in graduated doses is preferable because of fewer systemic reactions. More children are immunized because two clinics are held instead of one and many new applicants appear at the second clinic. Arrangements are made with the health officer to give the second injection to this group. One dose of alum-precipitated toxoid builds artificial immunity at a more rapid rate. It eliminates much overhead expense and transportation. Dr. Wilson Smillie[7] states that about 85 per cent of susceptible children are rendered Schick negative by the one dose of alum-precipitated toxoid. Dr. William H. Park[8] states that two injections both with and without alum showed remarkable improvement over those of one injection.

Response to the program in rural areas is usually met with marked success. Repeatedly entire school districts including preschool and grammar school children are immunized 100 per cent. Some school children have to travel over mountain roads as far as forty miles to the nearest clinic. Parents have walked and carried their children eight miles each way through the snow to receive the inoculations. Clinics have been held at eight o'clock in the morning with 250 children arriving on time from a radius of twenty-five miles. Diphtheria is a killing disease of such magnitude that the task of reaching and sustaining a safe margin of immunity against the disease in rural territory may well be the goal of any ambitious nurse. The compensation for the strenuous work an immunization program entails is derived from the feeling of security from one of the most dreaded of diseases.

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Los Angeles and Environs

A Baedeker for Public Health Nurses

This material giving the important agencies and institutions in Los Angeles has been prepared by the nursing services of the Los Angeles City and County Health Departments. We are most grateful for their assistance in giving us this guide to the city and vicinity.

THE public health nurses of the City and County of Los Angeles herewith extend greetings and a hearty welcome to all nurses attending the Biennial in Los Angeles in June. The keys to our city and county are yours. We shall deem it a pleasure and a privilege to receive you and to make your stay one not to be forgotten.

For your advance information, we have prepared a Guide for Public Health Nurses, showing the major nursing organizations and some of the public health activities of special interest. Arrangements may be made for visits to any one or all activities.

Welcome to California and the City of the Angels!

CITY HEALTH DEPARTMENT

Los Angeles City Health Department—116 West Temple Street, Los Angeles, telephone MIchigan 5211. Health Officer, George Parrish, M.D. Maintains a comprehensive public health service.

The Nursing Division is the oldest municipal nursing service in the United States. The first nurse was employed by the City in 1898. Staff of 75 registered nurses. Director, Miss Agnes G. Talcott, R.N. Provides a generalized nursing service, including bedside care, school nursing in parochial schools, and supervision of hospitals, sanatoria, and children's institutions. Maintains student nurse courses in maternity, and in clinic and field work.

Clinics—Maternity; mother-craft classes; child welfare; immunization against whooping cough, diphtheria and smallpox; tuberculosis; pneumothorax; venereal disease.

Other Activities—An electric map in the Executive Office shows all departmental activities, with details of the various divisions. The Rodent Control Division is of special significance, since California public health authorities are ever mindful that the rodent population has been infected with plague in the past, and that the many ships from the Orient calling at our ports are also a possible source of danger.

Note: A visit to the Civic Center could include a trip to the tower of the City Hall to view the city; to the corridor of the Spring Street floor of the City Hall to see the relief map of the Los Angeles City Water Supply; and visits to the City, County, and State Health Offices which are within a block.

COUNTY HEALTH DEPARTMENT

Los Angeles County Health Department—Administrative offices in the Hall of Justice, Temple and Broadway, Los Angeles. Health Officer, J. L. Pomeroy, M.D. Services decentralized; 12 major and 6 minor health centers; 36 cities within county health area under contract for health services with Board of Supervisors, exclusive of Los Angeles, Pasadena, Long Beach, and Beverly Hills. In each major health center complete units of service under local district health officer and staff. Program, educational and preventive.

Bureau of Public Health Nursing—Created by ordinance in 1916, providing for the position of Public Health Nurse—two nurses appointed. Present Staff: Director, Miss Lillian Simpson, R.N.; instructor of nursing (half-time); 9 full-time and one half-time supervisors; 48½ field nurses (full and part-time). Specialized nursing 1916 to 1927—generalized 1927.

Special Programs

Coöperative service, private physicians' cases.

Post-poliomyelitis cases: Follow-up by physiotherapist, muscle testing and educational program, after-care of post-poliomyelitis cases, following epidemic of 1934.

Tuberculosis Survey—County Schools: Joint project County Health Department and Los Angeles County Tuberculosis and Health Association, past five years. Tuberculin tests, positive reactors X-rayed. Physician's examination and conference with nutritionist. Those diagnosed as tuberculous placed

under medical care and supervised by public health nurses.

Oral Hygiene: The Oral Hygiene Division offers an educational and preventive clinical program. Classroom instruction is given by dental hygienists to children in the kindergarten, first, second, and third grades. Instruction is based on three important factors of preventive dentistry—(1) proper diet, (2) daily mouth care, and (3) regular dental supervision. Mouth examination is made for children in the kindergarten, first, and last grade (sixth or eighth) in school. Tooth Templar Clubs for children above the third grade are an effective means of making children mouth conscious. Preventive Clinical Service: Preventive methods are applied from the early prenatal period through the preschool and school ages to the fourteenth birthday. Patients needing corrective dentistry, and able to pay for it, are referred to private dentists. Vincent's infection, a communicable disease, is diagnosed for all suspected cases. Treatment is given those who cannot afford private care. X-ray Division: Nine X-ray units are located at the major health centers which care for the needs of the Los Angeles County Health Department area. Five X-ray technicians, two stenographers, one full-time and one part-time roentgenologist make up the staff. Special emphasis on tuberculosis diagnostic program.

Public Health Training School—678 South Ferris Avenue, Los Angeles (Belvedere). Advanced program course in public health nursing: Open to student nurses enrolled in a 28-months' course in hospital training schools. An elective toward a three-year diploma.

School of Sanitary Inspection: Inspectors are given elementary and advanced courses in sanitary inspection, after which they may be assigned to special duty in any field, subject to civil service examination.

STATE HEALTH DEPARTMENT

California State Health Department—State Building, 217 West First Street, Los Angeles. Director, Walter M. Dickie, M.D. Maintains a comprehensive state public health program. Of particular interest are the activities organized under the California Crippled Children's Act. Posture and diagnostic clinics in rural and suburban districts are promoted.

OTHER HEALTH AGENCIES

School Nursing—Health Service Section—Los Angeles City Schools, Chamber of Commerce Building, 1151 South Broadway, Los Angeles, telephone RIchmond 6511. Director, Sven Lokrantz, M.D. Mrs. Harriet A. Cochran, R.N., Chief Nurse. Staff of 93 registered nurses, and 20 nurse teachers in high schools. Provides a comprehensive school nursing service in the public schools. Of special interest: audiometer tests in classroom; corrective work.

Parent-Teachers' Association Clinic for School Children—936 Yale Street, Los Angeles, telephone RIchmond 6511. All departments for the correction of defects in children. Interesting work in the correction of speech defects.

Metropolitan Nursing Service of the Metropolitan Life Insurance Company—1625 Maple Avenue, Los Angeles, telephone PRospect 6291. Miss Elizabeth Rohrbach, R.N., Local Field Supervisor. Staff of 35 registered nurses. Offers a generalized public health nursing service to policy holders of the company. Bedside care in the home is emphasized.

HOSPITALS, SANATORIA AND HOMES

Los Angeles General Hospital—1200 North State Street, Los Angeles, telephone CApitol 3161. The largest hospital in the United States. Bed capacity 3,574. New building opened December 1933. Provides hospital and out-patient service for any type of case, if the patient is dependent and is a legal resident of Los Angeles City or County. Emergency service only is rendered to non-resident dependents. The contagious unit cares for any person with a communicable disease who needs hospital care, regardless of finances or residence. The psychopathic unit accepts any person for mental observation and disposition who is sent to it with an affidavit of insanity.

Children's Hospital—4614 Sunset Boulevard, telephone OLympia 1181. Provides medical, surgical, and orthopedic care; and furnishes additional facilities to free and part-pay patients under 12 years of age in the out-patient department and hospital. Treatment pools for post-poliomyelitis and other orthopedic cases.

Orthopedic Hospital-School—2400 South Flower Street, Los Angeles, telephone PRospect 3311. Hospital, out-patient department, and school for the treatment, correction, and education of crippled children. Treatment pools for post-poliomyelitis and other orthopedic cases.

Mother Cabrini Preventorium—Fairview Avenue, Burbank, California. Provides institutional, medical, and educational care to undernourished and pre-tuberculous girls. Special facilities under medical supervision are available. Bed capacity 100.

Olive View Sanatorium—Owned and operated by Los Angeles County, is located about four miles north of the town of San Fernando. Total bed capacity 1,000—463 for women, 454 for men, and the rest for children. It is conducted for the treatment of tuberculosis patients, eligible because of three years' independent residence in the

state and one year's continuous residence in the county provided they do not own real property in excess of $2,500 valuation. It is completely equipped for medical and surgical care. Applications for admission are made only by local health clinics or by the General Hospital.

Tuberculosis Neighborhood Colony—On the outskirts of Huntington Park at the corner of Center and Marbrissa Streets, in rural territory, a Mexican settlement selected to demonstrate the cost and the medical and social results of intensive supervision of cases in the home. Under Los Angeles County—the Health Department providing medical, nursing, and sanitary supervision, and the Charities Department supplying financial aid. Has been in operation for three years, caring for from 8 to 14 pulmonary cases who had either been discharged from sanatoria or were unsuitable for institutional care. Medical and social results have been satisfactory, and spread of infection eliminated.

Jewish Orphans' Home of Southern California—10219 Exposition Boulevard, Palms, California. Cares for dependent Jewish children in Orphans' Home (Vista del Mar) and in foster boarding homes. Vista del Mar bed capacity 120, Health Cottage bed capacity 22.

CLINICS AND INSTITUTES

Child Guidance Clinic—1415 South Grand Avenue, Los Angeles. Studies and treats children who present behavior problems, preventing delinquency and nervous disorders. Endeavors to find causes of difficulty in cases not making proper adjustment in school, home, or community, and suggests ways of eliminating the causes, thus securing desirable behavior on the part of each child under consideration.

Mothers' Clinic—130 South Broadway, Los Angeles. Maintained by private philanthropy. Provides instruction in birth control to poor mothers.

The Institute of Family Relations—607 South Hill Street, Los Angeles. Director, Paul Popenoe, D.Sc. Its work consists of public education, personal service, and research. It represents the first organized attempt in the United States to bring all the resources of science to bear on the promotion of successful family life. The program includes education for marriage, family adjustment, and assistance with personal problems of heredity, sex, child training, and adolescent behavior.

DAIRIES AND CANNERIES

Adohr Milk Farms—18000 Ventura Boulevard, Van Nuys, California. A certified milk farm famous throughout the United States for the quality of its Guernsey milk. Has taken many first prizes in national competition.

Arden Certified Dairy—2720 Lower Azusa Road, El Monte, California. Guernsey and Holstein herd. Vitamin D milk produced by scientific feeding of the cows.

Brandt Ranch—5911 Canoga Avenue, Canoga Park, California. Guaranteed milk dairy. Guernsey herd. The only dairy in the United States to score 100 per cent in a national milk competition.

Japanese Fishing Village and the Fish Canneries—San Pedro Harbor San Pedro is second only to Hull, England, in the quantities of fish handled. Fish harbor is picturesque, and the village is interesting. Health work and much community activity centers in the school and the City Health Department nurse who visits in the homes. The canneries are under the supervision of the State and City Health Departments.

An Experiment In Exchange*

We have often talked about the possibility of exchanging staff nurses. Here are two enterprising agencies that did more than talk about it. Once again the West leads the way!

By LONA DUNHAM, R.N.

Director of Nursing Service, Visiting Nurse Association of Pasadena, Pasadena, California

THE idea of exchanging teachers between schools, both nationally and internationally, is not new. Neither is it unusual for an exchange of student nurses to be arranged during their training period. But it is more uncommon to exchange graduate nurses between two visiting nurse associations in widely separated and differing communities. This is a story of how it was done recently in Salt Lake City and Pasadena.

It all came about when a visiting nurse of Salt Lake City came to Pasadena for the convention of the American Public Health Association in September 1934. She was particularly interested in the set-up of the Visiting Nurse Association of Pasadena. The director of its nursing service was subsequently invited to talk before their group. The following spring the Salt Lake City director of nursing service made a visit to Pasadena with one of her board members. In due course, the idea of exchanging nurses was evolved, and both boards agreed to the experiment.

THE PLAN

They decided that Mrs. Anne Bowthorpe of Salt Lake City and Miss Hermione Pascoe of Pasadena, both senior nurses, should be given the opportunity to work for a two or three month period with the alternative organization. Neither nurse had worked outside her own community, and this was a major consideration in the choice which was made. It was felt that any nurse who was exchanged would benefit from the broadening influence such an experience would give, and that it would be excellent training for any executive responsibility she might be called on to assume later. Although extension work is a constant educational activity required of the nurses in these associations, the boards believed that the actual experience of working in another organization and in another locality would have a more practical advantage than could normally be secured.

Each nurse was definitely on the pay roll of the agency for which she was doing the experimental work. This was necessary because of sickness and accident compensation requirements. One agency, however, paid a higher salary. It was decided that they continue to pay the additional sum to their nurse while she was working for the other agency. The allowance for the nurse's car was the same in both agencies. In all other respects, the nurses conformed to the policies of the agency they were visiting.

In October 1935, the two nurses, driving their own cars, passed each other on the way to their respective cities. Pasadena and Salt Lake City are 750 miles apart, as far as the distance between New York and Chicago, and their climates vary greatly. The Pasadena nurse, who had never even seen snow, arrived in Salt Lake City in a mild blizzard, not knowing *what* to expect at such a high altitude. Snow capped mountains were on every side, majestic in their beauty. The wooded canyons, with their sparkling mountain streams, were a riot of flaming autumn

*Prepared in coöperation with the Visiting Nurse Association of Salt Lake City, Utah.

color, a sight unknown to semi-tropical Pasadena. In the meantime, the Salt Lake City nurse arrived in the sunny Southland, with its year-round flowers, its brown hills, and its orange groves. Placed strategically between the mountains and the sea, it has the advantages of both, to which are added all the joys of continuous summer.

A STUDY IN CONTRASTS

In Pasadena, the staff of the Visiting Nurse Association consists of six full-time nurses and one relief nurse. They work five and a half days a week, covering Pasadena, Altadena, San Marino and South Pasadena, a suburban community. The agency has little clerical help, but the Junior League supplies excellent volunteer assistance. The nurses are required to report to the agency in the morning and again at the end of the day, and write their own reports. Pasadena is a city very much concerned with its community welfare responsibilities, and well organized through its Community Chest in this respect.

In Salt Lake City, the agency staff has five full-time and four part-time nurses. They work five days a week and cover not only a large urban community, but an extensive rural area as well. They are well supplied with clerical assistance, and with volunteer help from their Junior League. They may dictate their reports. Nurses report to the agency once daily. The rest of the time their contact may be by telephone. Once a week they are required to attend lectures at the agency given by physicians and executives of welfare agencies—public and private—to which all public health nurses in the city are invited. The Community Chest, with its nineteen member agencies, of which the Visiting Nurse Association is one, handles the community welfare activities. In the relief field, the Chest is closely associated with the public relief agency, and with the various religious groups, which are strongly organized.

Naturally the differences in the ways of life and community activities of the two cities are very marked. In Pasadena, for instance, the community believes in the advantages of hospitalization for all maternity cases. Deliveries are not made in homes. In Salt Lake City this is frequently done. In Pasadena, modern plumbing, lighting and heating systems are almost always to be found. In the rural districts of Salt Lake City, nurses in the care of their patients occasionally have to build fires to heat water drawn from artesian wells. In Pasadena, a preventorium for run-down children, mothers' clinics, and the central health service (medical and dental care arranged at reduced fees) are among the community advantages. In Salt Lake City, these particular services are not available, but they have others not enjoyed by Pasadena to take their place. Among them are a primary hospital for children, a hospital for crippled children, and an orphanage.

MUTUAL BENEFIT

And so it is evident that this study in contrasts of the way two cities worked out their public health nursing problems was a liberal education to both nurses, both agencies, and both communities. A better appreciation of the good and bad points of the two agencies was developed in the best possible way —the actual sharing of experience and the problems to be met. The boards of both agencies considered the experiment a success, and well worth the time and effort that supervision of the visiting nurses took from the usual duties of the directors.

Minimum Qualifications for Those Appointed to Positions in Public Health Nursing*

1935-1940

INTRODUCTION

THE five-year period 1930-1935 has been marked by certain developments and trends of significance to public health nursing education. Foremost among these has been an increasing appreciation on the part of employers of the need for well prepared public health nurses. Not only are employers demanding that their nurses have special preparation in public health nursing, but more emphasis is also being placed on higher educational qualifications, including work on a college level, and on desirable personal qualifications.

Of great significance are the changes that are taking place in the objectives in the basic education of the nurse in the undergraduate school of nursing. Increasing emphasis is being placed in the curriculum on the social and health aspects of nursing as an inherent part of the preparation of all nurses, whether they enter the field of private duty, institutional nursing or public health. Qualified public health nurses are being added to the faculties of schools of nursing to assist in incorporating the health approach throughout the entire curriculum. In those communities where there is a well organized public health nursing service, the experience in the health aspects of nursing is rounded out and completed by an affiliation with the public health nursing service.

On the basis of these and other significant trends, the entire curriculum for schools of nursing is being revised and reorganized through group effort on a nation-wide scale. As a result of this undertaking there should be within the next few years a more highly qualified group of young graduate nurses entering the public health nursing field. For these nurses it should be possible to shorten the usual introductory period on a public health nursing staff.

The survey of public health nursing conducted by the N.O.P.H.N. showed the great need for better qualified personnel both for field and supervisory positions and also pointed out the need of better preparation for the health teaching aspects of the public health nursing job.

In response to this demand, therefore, and in keeping with this nation-wide trend toward better preparation of all nurses, including public health nurses, the Education Committee of the N.O.P.H.N. presents these higher qualifications for those appointed to public health nursing positions, with the expectation that they can be generally met by 1940.** While these qualifications apply specifically to new appointments to positions, the importance of additional preparation for those already appointed should not be minimized. It should also be recognized that in some places these requirements have already been surpassed, since some public health nursing services are at present requiring special preparation in public health nursing for beginning staff positions.

*Prepared by the Education Committee of the National Organization for Public Health Nursing and approved by the National Organization for Public Health Nursing and the American Public Health Association, January 1936. Reprints will be available free of charge from N.O.P.H.N., 50 West 50th Street, New York, N. Y.

**It is anticipated that in rare instances exceptions will be made for those nurses not meeting the educational and professional qualifications that follow, who, because of experience and native ability, have developed a wisdom and judgment that enable them to make a definite contribution to the public health nursing field.

I. STAFF POSITIONS

A. For the nurse working on a staff of an official or private agency under a nurse supervisor, who meets the qualifications set forth in II A.

Duties: To carry on the direct nursing service of the agency in the home, clinic or conference.

Preparation

1. General education—High school graduation or its educational equivalent as determined by state department of education. More advanced education on a college level is desirable.

2. Professional preparation

   a. Fundamental nursing education.

      The following are essential:

      (1) Graduation from an accredited school of nursing connected with a hospital having a daily average of 100 patients, or a minimum of 50 patients with one or more affiliations affording supplementary preparation

      (2) Basic preparation in the care of men, women and children, together with a carefully guided program of theory and clinical experience in medical, surgical, obstetrical and pediatric nursing

      (3) Emphasis throughout the curriculum and in all services on the mental aspects of nursing

      (4) Instruction and experience in the acute communicable diseases as well as in tuberculosis, syphilis and gonorrhea

   If this basic preparation is not available in the school of nursing it should be secured through affiliation before graduation or through postgraduate work.

   Instruction and experience are desirable in the following:

   a. Out-patient clinics
   b. Psychiatric nursing
   c. Family health work through affiliation with a public health nursing service with a nurse supervisor who meets the qualifications set forth in II A

3. State Registration

4. Personal Qualifications

   The following personal qualifications are of the utmost importance for a public health nurse: An interest in and ability to work with people; good physical health and emotional stability; initiative; good judgment; resourcefulness.

B. For the nurse in an official or private agency working alone or without the guidance of a supervisor qualified according to II A.

Duties: In addition to carrying on the direct nursing service of the agency as in A, the following activities may be included: To organize the nursing service; to work with lay and professional groups; to carry on the activities in such special services as school nursing and industrial nursing.

Preparation

1. General education—Same as A

2. Professional preparation

   a. Fundamental nursing education—same as A

   b. Special preparation in public health nursing

      (1) A program of study in public health nursing meeting the N.O.P.H.N. requirements and covering at least one academic year

      (2) At least one year's experience under qualified nursing supervision in a public health nursing service in which family health is emphasized

3. State Registration

4. Personal Qualifications

   In addition to the qualifications mentioned under A, the public health nurse working alone needs to have ability in organizing the nursing service in a community and a special aptitude for working with lay and professional groups.

II. SUPERVISORY AND EXECUTIVE POSITIONS

A. Supervisor

Duties: To supervise the staff nurses in an official or private agency and to assist in their growth and development; to plan and develop the nursing program for which she is responsible in relation to the total program of the agency; to correlate it with that of other agencies in the social and health fields; to study and evaluate the program within her own area.

Preparation

1. General education—a college degree is desirable
2. Professional preparation
   a. Fundamental nursing education—same as I A
   b. Special preparation in public health nursing
      (1) A program of study in public health nursing meeting the N.O.P.H.N. requirements and covering at least one academic year
      (2) Preparation in the theory and practice of supervision is desirable
      (3) At least two years' experience under qualified nursing supervision in a public health nursing service
3. State Registration
4. Personal Qualifications

   In addition to the qualifications necessary for a staff nurse, the supervisor particularly needs to have executive ability and vision and imagination in relation to the development of the program and to the potentialities of the individual nurse.

B. Educational Director

Duties: To direct the educational program in an official or private agency, for the new nurse, for the undergraduate and postgraduate student and for the staff as a whole, and to correlate and develop the resources of the agency and of related community service for teaching purposes.

Preparation

1. General education—A college degree is essential
2. Professional preparation
   a. Fundamental nursing education—Same as I A
   b. Special preparation in public health nursing
      (1) In addition to the special preparation in public health nursing required for supervisor she should have advanced courses in education
      (2) Several years' experience as a staff nurse under qualified nursing supervision and as a supervisor in a public health nursing service
3. State Registration
4. Personal Qualifications

   The educational director must have vision, imagination and proven teaching ability.

C. Director

Duties: To administer the work of the official or private agency or nursing service; to determine with the administrative official or the board the policies and program to be followed; to interpret the needs of the nursing service to the administrative officials, the board and committees and to the community; to participate in community planning and action in health and social welfare.

Preparation

1. General education—A college degree is highly desirable
2. Professional preparation
   a. Fundamental nursing education—Same as I A
   b. Special preparation in public health nursing
      (1) In addition to the preparation recommended for supervisor, the director

should have had several years' experience as a supervisor and, when possible, as assistant director. It is advantageous that her experience should be with more than one agency

3. State Registration

4. Personal Qualifications

In addition to the qualifications listed for a supervisor, the director must have superior administrative ability together with qualities of leadership and balanced judgment.

SUMMER SESSIONS IN CALIFORNIA*

The University of California in Berkeley announces a summer session to be held June 27-August 7 and offers the following courses:

Miss Ruth Hubbard, guest instructor—Principles and Practices of Public Health Nursing; Supervision of Public Health Nursing.

Other courses in Educational Psychology, Child Development, Social Economics, etc.

The University of California in Los Angeles will also hold a session from June 27-August 7 with the following guest instructors and courses:

Dr. Richard A. Bolt of Cleveland, Ohio—Epidemiology, Vital Statistics, Administration of the School Health Program, Maternal and Child Welfare in the United States and in European Countries.

Elnora E. Thomson—Principles of Supervision in Public Health Nursing

Mrs. Helen D. Halvorsen—Principles and Practices of Public Health Nursing.

Other guest instructors—Shirley C. Titus, Vanderbilt University, Nashville, Tennessee; Dr. Elinor L. Beebe, Yale University, New Haven, Connecticut.

Stanford University, Palo Alto, offers courses June 18-August 29, in Hygiene, Biology, Physiology, Psychology, Economics, etc.

*A list of summer courses held throughout the country and of interest to public health nurses will be published as usual in the April number.

Theiner Hoover, Glendale, Calif.

University of California, Los Angeles

Gleanings

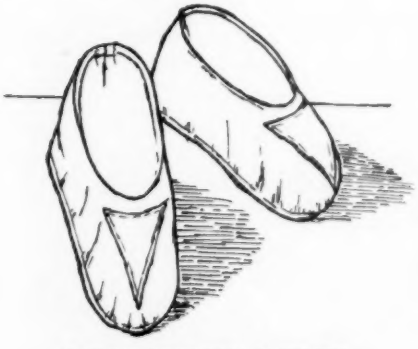
This department is devoted to new ideas regarding improvised equipment, publicity programs, administrative problems, etc. Send us your contributions!

MAKING EVERY PENNY COUNT

The nurses on the staff of the Detroit Department of Health who wish credit for their field work are required to go through a "refresher" period. Some present case studies. Others also plan devices to help with home demonstrations and instructions. Each device before being pronounced worth while must meet the following tests:

1. It must be something that fills a need, or substitutes a "better method."
2. The cost must be reasonable, whether it is for the patient or for demonstration purposes.
3. It must be simple enough in construction so that the individuals who are expected to make it can do so.

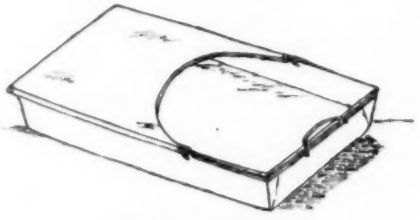
The items described and illustrated below were all made by nurses on the Department of Health staff and some proved especially helpful in their field work. We are passing these ideas on to our readers in the hope that they may be helpful to others.



CHILD'S BEDROOM SLIPPERS

Two old felt hats were used to make a firm and warm pair of bedroom slippers for a child. The felt hats used were red and black and the slippers were very attractive with red soles, black tops and a red appliqué on the toes.

The soles were made of two thicknesses of felt which were quilted on the machine. The tops were joined in the back and gathered on to the soles. The cost was for thread only.



A HOME MADE BEDPAN

A bedpan was made from a cake tin, a cookie sheet and two wire coat hangers at a cost of twenty-five cents.

The coat hangers were shaped to make a frame. The cookie tin was cut with a tinsmith's shears to the desired size and shape. The edges were flanged and bent over the wire frame.

IMPROVISED TRUSSES FOR A CHILD

These trusses were designed to help the mother whose child is required to wear a truss but who can not afford a commercial one. Two inguinal trusses may be made at a cost of 25 cents and two umbilical trusses at a cost of 40 cents. Having two trusses, the child need not be without one while the other is being laundered.

The inguinal truss is made as follows: The belt is made of two-inch elastic. The cushion for the hernia is made of heavy wrapping cord covered with cotton poplin. It is firm but resilient. The perineal strap is made of round elastic and is attached firmly to the cushion on one end and finished at the other end with a piece of tape having two buttonholes. Bone buttons were used both for fastening the perineal strap and the belt itself.

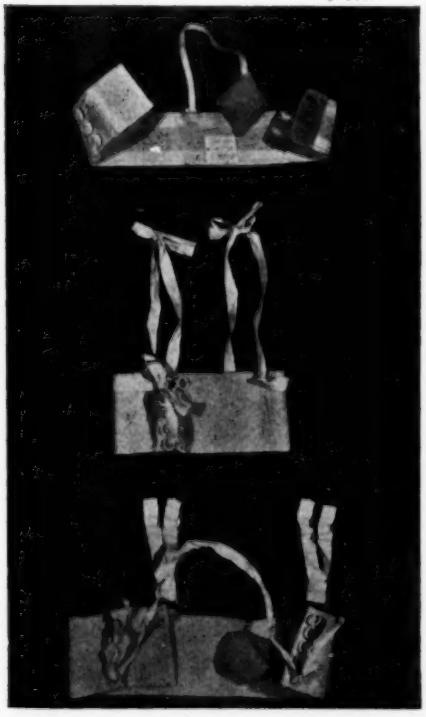
The items for two inguinal trusses are:

1 yard of two-inch elastic	$ .10
½ yard of round elastic	.05
1 dozen buttons	.05
⅛ yard of poplin	.05
	$ .25

The umbilical truss is made of three-inch elastic. The cushion consists of an overcoat button padded with cotton and covered with cotton poplin. The belt is fastened with tape laced through small bone rings. Garters are attached at the sides.

The items for two umbilical trusses are:

1 yard of three-inch elastic	$ .15
1 pair of side garters	.05
2 dozen bone rings	.10
1 roll of tape	.05
1 spool of thread	.05
	$ .40



TOILET CHAIRS

With fathers working fewer days or not at all, they can make some of the necessary equipment for a child. These chairs can be made from crates secured from the grocery store. The cost is for nails and paint only. Another "model" not illustrated here had a cord attached between the two arms on which were strung empty spools. This serves the dual purpose of amusing the child and preventing him from leaving the chair.

ANNUAL REPORTS PLEASE!

In preparation for the N.O.P.H.N. booth at the Biennial, the Loan Folders on the various kinds of publicity materials are being refurbished and revised with new material. If you have not already done so, please send in copies of your last annual report, photographs of successful window exhibits, announcement cards of your service, or any other printed or mimeographed publicity material that has been used successfully this past year or two. We shall be grateful for your help.

Nurse-of-the-Month

MAUDE KING
Missouri

Maude King

Briefly, this is my life's history: I was born in St. Louis and educated in Eldon, Miller county, Missouri. For six years I was engaged in newspaper work and then graduated from the St. Louis Training School for Nurses. I spent one year in charge of infants in the Jewish Day Nursery in St. Louis, which I found very valuable experience. Leaving St. Louis in 1910, I registered in Portland, Oregon, for out-of-town calls and was employed during the typhoid epidemic in Chehalis, Washington, in the Coos Bay Hospital for the employees of the Smith-Powers Lumber Company. I also spent some time in the Mt. Hood Hospital and while there had the thrill of scaling the summit of Mt. Hood. Two very profitable years were spent with the Oregon Tuberculosis Sanatorium making a study of the newer methods of care and control of this disease and I spent as much time as possible in the laboratory. I was married in 1915 and widowed two years later. In 1918 I returned to Eldon with my small son, taking a contract with the Metropolitan Life Insurance Company for visiting nursing. In 1921 I took the public health course at the University of Missouri, giving my son a course in kindergarten at the same time! Since 1922 I have been in Miller County doing a generalized program, although trachoma is the outstanding problem.

MILLER County covers an area about thirty miles square and has a population of approximately seventeen thousand. Eldon, with a population of thirty-five hundred, is situated thirty-five miles south of Jefferson City. It is the only town in the county with through-line railroad facilities and has one of the best high schools in the state. It lies in attractive open country which slopes down into the rugged Ozark hills, the Osage river making a dividing line. The southern part of the county has three high schools and one junior college.

FIGHTING TRACHOMA

One of our first undertakings was a trachoma survey in Miller and Camden counties, begun in mid-winter. The travelling was so difficult that I soon discarded my own car and set out with a lad in an open model T Ford. My companion never tired in his efforts to make the hills, but often we were compelled to go on horseback to the more inaccessible schools and to the little cabins which could be reached only by trail. Some of the schools were fitly named "hard scrabble" and "skin knee!"

Before

Following our round-up, clinics were held under the auspices of the U. S. Public Health Service in coöperation with the State Board of Health, which provided equipment for a temporary

hospital. The patients were brought in by truck. In the beginning we found schools in the trachoma district with as many as seventy pupils, 50 per cent of whom were victims of trachoma. In making follow-up visits to the homes we found many infant and preschool children in the primary stages of the disease and parents and grandparents who were totally blind.

As a result of this effort and that made by other counties faced with similar problems, a United States Trachoma Hospital was established in the southern part of the state convenient to the trachoma settlements. We now keep a close check on new cases, which are immediately put under hospital care. Thus we have been able to eliminate all active cases from schools and homes and through the Missouri Blind Commission have been able to give occupational training to a number of the partially blind.

In 1930 our Health Unit was organized, and at the same time, work was begun on the construction of a hydro-electric dam across the Osage. Tent cities and a new town sprang up over night, and all sorts of people hibernated in every conceivable spot. As an introduction, we had smallpox, measles and meningitis, but by close supervision and isolation we escaped an epidemic. Immunization clinics were held at convenient places and the people responded quickly. This helped greatly to keep communicable diseases in check. The tiny rural school house soon developed into three temporary buildings. Part of the children went to school in the morning and another group in the afternoon, but the day never came when all the children were in school at one time.

TRANSFORMATION

The project required less than three years to reach completion, and out of the chaos has come a magnificent structure, bridging the Osage river and creating a beautiful lake one hundred and twenty-five miles long. This has opened up the sparsely settled country in the gorgeous hills. One little schoolhouse tucked away in these hills, in search of which I have many times had to travel fifteen miles from the main road only to leave my car and slide down the mountain side, has been transformed into one of the finest consolidated districts in this part of the country with a splendid modern building. Just below, three CCC camps are developing a wonderful park.

After years of pioneering it is very gratifying to see the advances that have been made in public health. We feel that we are indeed working with a public health minded group when we look back to the time when people did not believe in immunization and thought that to examine the eyes made them sore. But never have we lost our enthusiasm in the program. And now the resorts along the lake bring health problems as well as pleasures and the 1934 drought followed by the 1935 floods still gives us much to do.

And I am proud that my son, who is now in his second year at Missouri University, is so well versed in preventive measures that he has succeeded up to the present time in avoiding any serious illness.

After—Osage Consolidated School

Guide Post for Board Members

WELCOME TO CALIFORNIA!

The Lay Section of the California State Organization for Public Health Nursing wishes to extend to the board and committee members of the nation a cordial welcome to California. The Lay Section in California is a comparatively new organization and hopes that those from other states will share with the California group the fruitage of their experience.

Ruth Close, Chairman, Lay Section, California State Organization for Public Health Nursing

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IN THIS NUMBER

Board members who are planning to respond to Mrs. Close's cordial invitation extended above will want to peruse this month's magazine carefully for the description of public health nursing in California. Do not miss Mrs. Chapple's alluring picture of Los Angeles and vicinity! (Page 141). A tentative program of the Convention is given on page 187.

Whether you are going to California or not, you should take time to study the "Minimum Qualifications for Those Appointed to Positions in Public Health Nursing," page 172, which have just been revised for the five-year period of 1935-40 and which concern every public health nursing agency, public and private.

Also see the ballot for officers of the Board and Committee Members' Section, (page 180), which will be voted on later in the spring.

QUESTIONNAIRE ON LAY RELATIONSHIPS

What is being given in schools of social work and public health nursing in the preparation of students to work with lay groups and volunteers? The National Committee on Volunteers in Social Work is sending out a questionnaire to schools and courses in social work and public health nursing, seeking information on this question and outlining in tentative form some of the important points in this lay-professional relationship.

N.O.P.H.N. BOARD MEMBERS' SECTION

The Executive Committee of the Board Members' Section at its last meeting voted to present to the membership a revision of rules for the Board and Committee Members' Section. The revision reads as follows:

IV. OFFICERS AND EXECUTIVE COMMITTEE

Section 1

Officers of this Section should be a Chairman and Vice-Chairman who are lay members. There should not be less than eight directors who are lay members and not less than four directors who are nurses to act as counselors.

Section 2

The officers and directors will constitute the Executive Committee.

Section 3

In case the number of members of the Executive Committee should at any time be increased, the Executive Committee then in office should have the power to fill any vacancies in the Executive Committee arising from such increase until the next election.

BALLOT FOR 1936-1938

The Nominating Committee of the Board Members' Section presents the following slate for 1936-38:

Chairman—Mrs. G. d'Andelot Belin, Waverly, Pa.

Vice-Chairman—Mrs. Frederick S. Dellenbaugh, Boston, Mass.

Lay Directors—Mrs. S. Emlen Stokes, Moorestown, N. J.; Mrs. Gammell Cross, Providence, R. I.; Mrs. Clyde Cummings, Greeley, Colorado; Mrs. Livingston Ireland, Cleveland, Ohio.

Public Health Nurse Directors—Eva Waldron, Springfield, Mass.; Ruth Mettinger, Jacksonville, Fla.; Edna Hamilton, Detroit, Michigan.

Nominating Committee — Chairman, Mrs. C.-E. A. Winslow, New Haven, Conn.; Mrs. Grace Frost, Toledo, Ohio; Mrs. Alfred Hammer, Branford, Conn.

NOTES *from the* NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING

WHAT HAPPENED AT BOARD MEETINGS

The meetings of the Board of Directors of the National Organization for Public Health Nursing were held January 29 and 30 at the Roosevelt Hotel, New York City. Only five members of the Board were absent. Those present were:

Miss Amelia Grant, President
Miss Grace Ross, First Vice-President
Mrs. C.-E. A. Winslow, Second Vice-President
Miss Dorothy Deming, Secretary and General Director
Miss Ann Dickie Boyd
Mr. Raymond Clapp
Miss Katharine Faville
Mrs. Anne L. Hansen
Miss I. Malinde Havey
Miss Marion G. Howell
Miss Sophie C. Nelson
Dr. Alfred E. Shipley
Miss Agnes G. Talcott
Miss Marguerite Wales
Dr. Estella Ford Warner
Mrs. James K. Watkins

In addition eight S.O.P.H.N. presidents joined us, namely:

Mrs. F. S. Dellenbaugh, Jr., Massachusetts
Miss Naomi Deutsch, California
Miss Geneva F. Hoilien, New York
Miss Martha P. Langley, Pennsylvania
Miss Hettie W. Seifert, New Jersey
Miss Cecilia E. Walsh, Rhode Island
Miss Mariana H. Ward, Georgia
Miss Marcie Wheat, Maryland.

Invited guests included:

Miss Lillian Quinn, Director, Joint Vocational Service
Miss Emilie G. Sargent, Chairman, N.O.P.H.N. Organization Committee
Miss Lulu St. Clair, Executive Secretary, Joint Committee on Community Nursing Service.

The Treasurer's report (see page 183) for 1935 was accepted and the budget of $128,989 as recommended in October was accepted by the Board with the addition of $900 for equipment necessitated by a larger staff.

Miss Geneva Hoilien and Miss I. Malinde Havey were appointed to serve on the Joint Committee on Subsidiary Workers. This Committee met informally during the week of board meetings.

The new minimum qualifications for positions in public health nursing as recommended by the Education Committee were accepted (see page 172). These will be available in reprint form—free, but postage will be charged on quantity orders. The Board voted to distribute one copy to all Civil Service Commissions in the United States.

Progress reports were received from the following committees which will report more completely at the Biennial Convention: Field Studies, Maternity and Child Health, Records, Service Evaluation and Adjustments.

Joint Vocational Service will also present an annual report at Los Angeles. Miss Deming and Miss Tittman were authorized to visit the Nurse Placement Service in Chicago with a view to working out a more satisfactory plan of coordinating vocational service.

The Organization Committee made drastic revisions in the By-laws which will all be submitted to the membership in time for voting upon at the Biennial Convention. The most important of these revisions concerns the number of directors on the Board, the make-up of Board personnel, agency dues and size of quorums. The Committee also made the following recommendation which was accepted:

Voted: To accept the recommendation of the Organization Committee: That inasmuch as the anticipated increases in public health nursing activities in connection with the Social Security Act make even more important than previously the securing of lay interest and participation in public health nursing, the National Organization for Public Health Nursing may secure information from the various states, analyze the situation in those states and encourage the forming of state organizations for public health nursing in states where this seems advisable.

Upon recommendation of the Organization Committee, the request of the

Michigan State Organization for Public Health Nursing to become admitted as a branch of the National Organization for Public Health Nursing was granted.

The Board approved the plan to study the possibilities of combining magazines, PUBLIC HEALTH NURSING and the *American Journal of Nursing*, and the following persons were appointed to serve on the Joint Committee to Study the Question of Combining Magazines: Katharine Faville, Ruth Gilbert, Ruth Hubbard, Winifred Rand, Helen Chesley Peck, Mrs. Josephine Prescott, Eula Butzerin, Mrs. Francis Stokes. (One lay representative is still to be appointed.)

The business report of the magazine appears on page 183.

Miss Sophie C. Nelson was appointed as chairman of a Committee to Study the N.O.P.H.N. Program and Functions. She is to choose her own committee.

The following appointments made by the President were ratified: Delegates to J.V.S. Board—Lillian Hudson, Marion Sheahan, Mary Emma Smith, Mrs. G. d'A. Belin, Alma C. Haupt. Representatives to National Red Cross Committee—Juanita Woods, Gertrude Bowling, Alta Elizabeth Dines, Beatrice Short. Representative on National Health Council—Dorothy Deming.

Some of the many incidental problems discussed which did not crystallize in formal action at this time were:

Problem of the care of the indigent sick. (This question was referred for further discussion to the Committee on Field Studies and Administrative Practice.)

Status of N.O.P.H.N. staff worker in making community studies.

Possibility of joining with the American Public Health Association at some future date in an annual convention. (This would be in the odd year between Biennial Conventions.)

Problem of next N.O.P.H.N. staff member. (Consensus of opinion favored postponing this appointment for a few weeks until we see how the budget is faring. The possibility of a deficit in 1937 dampens the flame of our ambition to offer you a complete field service in 1936. We know you do not want us to risk inflation! Besides we have had to assimilate four new staff members in the last eight months. By April we shall know better how safe it is to complete our staff quota.)

Announcement was made that The Macmillan Company is ready to publish a revised edition of the *Board Members' Manual*. It is hoped that the Board and Committee Members' Section will have the new material ready before 1937. Further announcement will be made regarding this when the revised edition goes to press.

Other activities of this busy week included a tea for the visiting S.O.P.H.N. presidents, a meeting of the Joint (A.N.A. and N.O.P.H.N.) Committee on Health Insurance (recommendations to be published later), an informal luncheon of the Ways and Means Committee (see announcement regarding the New York luncheon, see page 184) and the meeting of the Joint Boards, a report of which will appear in April.

A meeting of the Finance and Executive Committees is planned for the last week in April; a meeting of the Joint Committee on Community Nursing Service on March 23 in New York; a meeting of the Joint Committee to Study Combining Magazines in February. One of the joys of this conference week was the presence of Miss Talcott from Los Angeles, who gave us first hand news on Convention plans. You won't want to miss it!

WITH THE STAFF

During the past month Miss Deming visited Chicago, Illinois; took part in the nurses' program at the annual meeting of the Pennsylvania Tuberculosis Society held in Allentown, Pa.; and visited the Visiting Nurse Association at Easton, Pa. Miss Davis led a round table at the annual meeting of the Board Members Organization of the Connecticut Public Health Nursing Associations in Hartford, Conn.; gave a board members' institute in Philadelphia, Pa., under the auspices of the Volunteer Service Bureau.

Miss McNeil carried on the only field study during February. At the request of Community Chests and Councils, the American Public Health Association conducted a health survey of the welfare agencies in Plainfield, N. J., and Miss McNeil, at the request of the A.P.H.A., undertook the public health nursing part of this survey.

N.O.P.H.N. INCOME AND EXPENSE
1935

Income	
Membership dues, individual	$23,376.00
Membership dues, corporate	18,431.33
Contributions	39,336.83
*Magazine	20,411.05
Reimbursements	2,943.24
Convention	
Miscellaneous	3,460.50
Total Income	**$107,958.95**
Expense	
General Administration	$ 7,498.97
General Operation (includes accounting, extension, membership)	18,785.83
Advisory and Consultation Service	30,907.40
*Publications and Educational Service	28,542.35
Studies and Research	4,867.18
National Planning and Relationships	2,372.59
Finance Project	1,166.90
Total Expense	**$94,141.22**
Summary	
Income	$107,958.95
Expense	94,141.22
Balance	**$13,817.73**

Life Memberships received for 1935 ..... $1,340.00

*Public Health Nursing Magazine

Income	1935
Subscriptions	$14,722.17
Advertising	5,688.88
Total Income	$20,411.05
Expense (allocated)	
General Administration	$12,513.44
Travel	140.81
Printing and Miscellaneous Expense	8,988.51
Subscription Promotion	909.98
Total Expense	$22,552.74
Summary for Magazine	
Expense	$22,552.74
Income	20,411.05
Deficit	$ 2,141.69

1936 HONOR ROLL*

Last year, 1935, was the banner year so far for number of agencies on the Honor Roll. There were 416 agencies which were awarded the Certificate of Honor for having every nurse on the staff enrolled as an individual member of the N.O.P.H.N.

Indiana marched to first place in 1935 with the largest number of agencies on the list, although New York State ran a very close second. Pennsylvania and Massachusetts tied for third place.

Below is the first announcement this year of those agencies already 100 per cent enrolled for 1936. Asterisks indicate number of years the organization has held 100 per cent staff nurse membership. The Honor Roll has been in existence five years. Additions to the list will be published from time to time. Be sure to send us the information as soon as your nurses are all enrolled as we have to depend on you to notify us. Let's double the number for 1936!

CALIFORNIA
****Visiting Nurse Association, San Diego

COLORADO
*****Visiting Nurse Association, Denver
****Colorado Tuberculosis Association, Denver

CONNECTICUT
***Visiting Nurse Association, New Canaan

GEORGIA
*****Metropolitan Life Insurance Nursing Service, Atlanta

ILLINOIS
*Metropolitan Life Insurance Nursing Service, Chicago Heights District, Harvey

INDIANA
***Red Cross Public Health Nursing Service, Fort Wayne
****Visiting Nurse League, Fort Wayne
**Visiting Nurse Association, Muncie
****Public Health Nursing Association, Terre Haute

IOWA
*****Public Health Nursing Association, Muscatine
*Woodbury County Health Unit, Sioux City

KANSAS
*****Public Health Nursing Association, Topeka

KENTUCKY
*Metropolitan Life Insurance Nursing Service, Hopkinsville

LOUISIANA
**Metropolitan Life Insurance Nursing Service, New Orleans

*Also see editorial, page 139.

MAINE
*****School Health Service, Millinocket
*****District Nursing Association, Portland
MARYLAND
*Metropolitan Life Insurance Nursing Service, Salisbury
MASSACHUSETTS
**Visiting Nurse Association, Cambridge
*****Visiting Nursing Association, Fitchburg
****Visiting Nurse Association, Lowell
***Metropolitan Life Insurance Nursing Service, Malden
***Visiting Nurse Association, Quincy
*****District Nursing Association, Watertown
MICHIGAN
*****City Department of Health, Detroit
*****Visiting Nurse Association, Saginaw
MINNESOTA
*****Metropolitan Life Insurance Nursing Service, St. Paul
MISSOURI
****St. Joseph Organization for Public Health Nursing, St. Joseph
MONTANA
***Beaverhead County Public Health Organization, Dillon
NEW HAMPSHIRE
*****Good Cheer Society, Nashua
NEW JERSEY
*****Visiting Nurse Association, Bayonne
***Metropolitan Life Insurance Nursing Service, Camden
*American Red Cross Visiting Nurse Service, Jersey City
****Anti-Tuberculosis League, Orange
****Metropolitan Life Insurance Nursing Service, Union City
NORTH CAROLINA
*Metropolitan Life Insurance Nursing Service, Burlington
**Metropolitan Life Insurance Nursing Service, Gastonia
OHIO
**Metropolitan Life Insurance Nursing Service, Akron
*****Metropolitan Life Insurance Nursing Service, Cincinnati
*Metropolitan Life Insurance Nursing Service, Steubenville
*Public Health League, Shelby
***District Nurse Association, Toledo
PENNSYLVANIA
*Visiting Nurse Society of Philadelphia, Manayunk Branch
*****Visiting Nurse Association, Reading
*Metropolitan Life Insurance First Aid Station, Vestaburg
RHODE ISLAND
***Burrillville District Nursing Association, Pascoag
*****Pawtucket and Central Falls Chapter American Red Cross, Pawtucket
TENNESSEE
****Williamson County Public Health Department, Franklin
**Metropolitan Life Insurance Nursing Service, Knoxville
****Metropolitan Life Insurance Nursing Service, Memphis
*****Davidson County Health Department, Nashville
****Metropolitan Life Insurance Nursing Service, Nashville
TEXAS
****Public School Department, Dallas
UTAH
*****Metropolitan Life Insurance Nursing Service, Salt Lake City
VERMONT
*****Mutual Aid Association, Brattleboro
*Visiting Nurse Association, Burlington
**Metropolitan Life Insurance Nursing Service, Rutland
WASHINGTON
****Metropolitan Life Insurance Nursing Service, Tacoma
HAWAII
**Palama Settlement, Honolulu

NEW YORK LUNCHEON

To stimulate interest and support of public health nursing services throughout the country, the New York Committee of the N.O.P.H.N., under the chairmanship of Mrs. William Barclay Parsons, Jr., will hold a luncheon on March 10 at the Roosevelt Hotel, New York City. The luncheon will be followed by round table discussions, one for board members and one for public health nurses. Dr. Howard W. Haggard, professor of physiology at Yale University and author of "Devils, Drugs and Doctors," will be one of the speakers. It is hoped that the program will be broadcast over a nation-wide hookup.

COMMITTEE TO STUDY RETIREMENT PLANS

Because of the growing interest in the question of adequate provision for the older staff nurse, the N.O.P.H.N. Board and Committee Members' Section, at the request of the Committee on Service Evaluation and Adjustments, has appointed a committee to be known as the Committee to Study Retirement Plans. The main objectives of the committee are to collect and study information in regard to various retirement schemes, budgets and living costs, and to stimulate local agencies to take the responsibility for thinking through this question in regard to their own staffs and planning accordingly. The first meeting of the Committee was held on January 31 at which the attendance was as follows:

Mrs. Douglas W. Cruikshank, Stamford, Conn.
Alexandra Matheson, Yonkers, N. Y.
Mrs. Neilson Olcott, Brooklyn, N. Y.
Marguerite Wales, New York, N. Y.
Mrs. Homer Wickenden, Tuckahoe, N. Y.
Dorothy J. Carter, N.O.P.H.N. Staff
Evelyn K. Davis, N.O.P.H.N. Staff

REPORT OF JOINT VOCATIONAL SERVICE, 1935

"Is there an increase in open positions?" is the question most frequently asked J.V.S. today. The answer is encouraging. There was a 20 per cent increase in the number of positions reported in public health nursing in 1935 over 1934. The statistical curve steadily fell from the peak year in 1929 when we had 836 new positions reported, until 1934, at which time the gradual rise began. New positions handled in 1935 numbered 519, a number not as high as any year previous to 1932. Unfortunately, employers listing vacancies have not always been able to carry their plans through successfully, as 20 per cent of the positions they reported had to be cancelled or dropped, largely because funds for salaries were not available. J.V.S. filled or assisted in filling 70 per cent of the bona fide openings. Placements have been somewhat more difficult to make than in former years due to the shortage of adequately prepared or acceptable candidates, and with proper geographical possibilities for preliminary interview. Organizations are rightly exercising great discrimination in selection due to the need for getting full value for value given.

In 1935 J.V.S. sent out 3,732 records of nurses, an increase of about 900 over 1934. Of these records, 497 were sent on the employer's or candidate's request (219 where the job was not registered with J.V.S.) No charge is made when the record is sent on request. A continuous effort is being made to perfect these records. Our Case Conference is initiating a study of reference writing and reference reading with the hope of making recommendations for improvement in these particulars.

There were 1,320 registrations of nurses opened or reopened in 1935, an increase of 8 per cent over 1934, despite the effort to limit the number to those who gave promise of placement, that is, had a real claim on the special field.

Of interviews and conferences, there were 1,962 held in 1935 in the interest of public health nursing, an increase of 300 over the previous year. Conferences have included regular weekly attendance at N.O.P.H.N. staff meetings, attendance at conventions, visiting universities, speaking engagements, conferences with the staff of the National Tuberculosis Association in line with our function as the vocational service of that organization, attendance at meetings of the Education Committee and the Committee on Personnel Practices in Official Agencies, both committees of N.O.P.H.N., the School Nursing Section of N.O.P.H.N., etc.

We averaged 882 outgoing letters a month in 1935 for public health nursing. This is a total of 10,583 letters for the year, or 3,000 more than in 1934.

The foregoing figures show the increased demand upon J.V.S. J.V.S. functions on a case work basis, each situation requiring varying degrees of study preliminary to action, with quality of work rather than quantity of placements as an objective. Considering as its primary function the protection of standards of public health nursing service in the field, J.V.S. has asked the N.O.P.H.N. Board to increase its appropriation to permit the filling of the vacancy for a second public health nurse on its staff, which has existed since September 1932. Total receipts in the public health nursing division of work for 1935 were $9,012.08, which was roughly one-third under the cost of operation of the service.

The total cost of operating J.V.S. for 1935 was $45,000. It hopes to raise funds to operate on a budget of $52,800 in 1936, which is considered the mini-

mum for meeting demands placed upon it. The public health nursing aspect of the work comprises about 27 per cent of the work of the entire service.

The vocational situation in public health nursing at this time may be characterized by the following:

1. Increased number of positions.
2. No cases of dire distress on the part of candidates.
3. Advance in required qualifications.
4. Great restlessness among nurses whether in positions or out of them. Many seem encouraged to feel that signs of general economic improvement mean that opportunities, where there are improved conditions of work or better remuneration, or chances for advancement, or something fitting their personal interests of location, climate or study, may be available to them.

The tentative Social Security plans naturally are of great interest to J.V.S. and hundreds of nurses. All are watchfully waiting developments. J.V.S. has given much assistance as a recruiting vehicle in connection with prospective governmental opportunities and in this, as in private agency work, keeps an eye on the future.

LILLIAN A. QUINN, *Director,*
and
ANNA L. TITTMAN, R. N.,
Vocational Secretary for Public Health Nursing

J.V.S. APPOINTMENTS

Joint Vocational Service reports the following placements and assisted placements for the month of January 1936:

Lulu St. Clair, Executive Secretary, Joint Committee on Community Nursing Services under the three national nursing associations, New York City.

Mary Elizabeth Bond, Director, Visiting Nurse Association, Hackensack, N. J.

Virginia Elliman. Nurse-Executive, American Red Cross Southeastern Chapter, Philadelphia, Penna.

Julia Groscop, Regional Consultant, United States Public Health Service, Washington, D. C.

Sena Andersen, Supervisor, District of Columbia Department of Health, Washington, D. C.

Mary K. Kennedy, Generalized Supervisor, Visiting Nurse Association, Bridgeport, Conn.

Dorothea Erkel, Field Supervisor, Visiting Nurse Association, Erie, Penna.

Edna K. Beattie, Family Health Counselor, W. K. Kellogg Foundation, Battle Creek, Michigan.

Helen B. Feine, Nurse-Teacher of Mothercraft, Out-Patient Department, New York City Department of Hospitals, New York City.

Mildred Myers, Assistant Supervisor, Visiting Nurse Association, Orange, New Jersey.

Lucile Loveless, School Nurse, Public Schools, Grand Junction, Colorado.

Adelaide Vrooman, Case Worker, Social Service Department, Babies Hospital, New York City.

Fern Chapman, Substitute Nurse, Community Nursing Service, Darien, Connecticut.

Caroline E. Kidder, Temporary School Nurse, Hillside Home Nursery School, New York City.

And the following staff positions:

Esther Finley, Visiting Nurse Association, New Haven, Conn.

Katharine Sprague, Visiting Nurse Association, Brooklyn, New York.

Isabelle Johnson and Charlotte Sanderson, North Shore Public Health Nursing Association, Flushing, L. I., N. Y.

Dorothy Foley and Lena Olsen, Association for the Aid of Crippled Children, New York City.

Mary G. Devine, Visiting Nurse Association, New Britain, Connecticut.

Ruby Carson, General Duty Nurse, Willard Parker Hospital, New York City, for additional experience in preparing for public health nursing.

The ballot for the election of officers, members of the Board of Directors and Nominating Committee of the N.O.P.H.N. will be published in the May number of the magazine together with biographical sketches of the candidates.

Biennial News

TENTATIVE PROGRAMS

LOS ANGELES, CALIFORNIA, JUNE 21-26

JOINT SESSIONS

Monday: Opening Session, 8:30 P.M.
- Invocation
- Address of welcome by the presidents of the three state nursing organizations
- Responses by the presidents of the three national nursing organizations
- Greetings by the Chairman of the National Committee on Red Cross Nursing Service of the American Red Cross
- Address: Looking Toward Tomorrow
- Award of Saunders Medal

Tuesday: 8:30-10:00 P.M.
- Address: Community Health Service
- Address: Health Planning in the Federal Government
- Address: Social Planning for Tomorrow

Thursday: 2:30-4:30 P.M.
- Topic: Tomorrow's Community Nursing Service
  1. What are the Goals?
  2. How These Goals can be Reached Through:
     a. Registries and Nursing Bureaus
     b. Institutional Nursing
     c. Public Health Nursing
  3. The Use of Nursing Councils

8:30-10:00 P.M.
- Address: What the Fine Arts Contribute to Better Living
- Address: Preparing the Nurse for Tomorrow's Service

N.O.P.H.N. PROGRAM

Sunday: N.O.P.H.N. Board Meeting—Closed

Monday: 11:00 A.M. N.O.P.H.N. Business Meeting

3:30 Tea for Board and Committee Members

Tuesday: 9:00-10:30. N.O.P.H.N. General Session
- Address: The Family in Society
- Address: Health Situations in the Family

11:00-12:15 Group Discussion Meetings
- Syphilis and Gonorrhea
- Mental Hygiene
- Nutrition
- Maternity Hygiene
- Cardiac and other Handicaps
- Tuberculosis
- Value of Records (lay members' discussion)

- Luncheon: N.O.P.H.N. Membership Rally

2:30-3:30 N.O.P.H.N. General Session
- Address: Selection and Fundamental Education of Nurses
- Address: Postgraduate and Staff Education

3:45-5:00 Group Discussion Meetings
- Staff Education—Urban Nurses
- Staff Education—Rural Nurses
- Vocational Counseling and Placement
- Educational Value of Records
- Symposium on Eye Health

Wednesday: 9:00-10:30 A.M. Group Discussion Meetings
- Executives—Official Urban
- Executives—Private Urban
- Rural Nurses
- Supervisors
- Staff Nurses
- School Nurses
- Industrial Nurses
- Lay—Rural and Small Community
- Lay—Urban

11:00-12:30 Group Discussion Meetings
- Relationship of Public and Private Agencies
- Relationships—Medical, Social, Dental, etc.
- Publicity and Money Raising
- School Nursing
- Defining and Counting of Nursing Visits

- Luncheons: School Nursing Section
- Industrial Nursing Section
- Supervisors
- Rural Nurses
- Staff Nurses
- N.L.N.E. Luncheon for Lay Members

P.M. Sightseeing

Thursday: 9:00-12:30 P.M. Panel Discussion
- Topic: How Can the Community Provide Adequate Public Health Nursing Service?
  - Taxpayer—Chairman
  - Health Officer
  - Board Member—Private Agency
  - Member Board of Health
  - Superintendent of Schools
  - Social Worker
  - Member of Family
  - Private Physician
  - Public Health Nurse

- Luncheon: Board and Committee Members —Business Meeting

Friday: 9:00-10:30 A.M. N.O.P.H.N. General Session
- Address: Social Security and Federal Planning

11:00-12:30 N.O.P.H.N. Business Meeting

Meetings will be arranged for directors of public health nursing courses, S.O.P.H.N. presidents and chairmen of Public Health Nursing Sections and state advisory nurses.

For tentative programs of the American Nurses' Association and the National League for Nursing Education, see the *American Journal of Nursing* for March. The entire program for the Biennial Convention will be published in a later issue of this magazine.

BIENNIAL TRAVEL

"Westward the course of Empire takes its way"—and so do the nurses of the nation!

Your presence at the Biennial Convention in Los Angeles in June (21-26) is desired. We need you particularly this year—we need your voice, enthusiasm and experience in planning for the years ahead. You will be an exception if you fail to benefit from attendance at a national convention—most people look at it as a home-coming, a refresher course and class reunion all in one. Come if you can. Get others to come.

Following is a more detailed schedule of the special train from Chicago to Los Angeles, announced in the December number:

Special train based on 100 or more passengers, Chicago to Los Angeles; train to consist of club, lounge, diner, all-observation parlor car; also compartment, drawing room, and open section standard sleepers; entire train air-conditioned.

Wednesday, June 17

Lv. New York.....Afternoon .....Any Line

Thursday, June 18

Ar. Chicago—10:00 a.m. or earlier....Any Line
Lv. Chicago .....11:00 a.m .....Santa Fe
Ar. Kansas City..... 9:05 p.m.....
Daylight trip through Illinois, Iowa, crossing the Mississippi River, Ft. Madison, Ia., 4:00 p.m.
Members from St. Louis and the South, Des Moines, Ia., St. Paul, Minneapolis, and Omaha, etc., joint Special at Kansas City.
Lv. Kansas City ..... 9:20 p.m.....

*Friday, June 19**

Ar. La Junta, Colo..... 7:40 a.m.....
Lv. La Junta..... 7:50 a.m.....Santa Fe
Daylight trip over Raton Pass in the heart of the Rocky Mountains of New Mexico, thence into the Pueblo Indian country of the Southwest Land of Enchantment.
Ar. Albuquerque ..... 5:15 p.m.....Santa Fe
An hour's stop affords opportunity to visit the Indian curio rooms adjoining the station.
Lv. Albuquerque ..... 6:20 p.m.....

Saturday, June 20

Ar. Grand Canyon .... 6:30 a.m.....
The day may be spent viewing the Canyon from El Tovar Hotel or other vantage points within walking distance. El Tovar provides either table-d'hôte or à la carte meal service. Those desiring may purchase an all-expense tour including three meals at El Tovar and morning sightseeing drive westward along the rim to Hermit's Nest and return, and afternoon drive eastward to the Watchtower overlooking the Painted Desert. The three meals and the two sightseeing trips purchased as Tour A 1 is $10.00. Those desiring to substitute trail trip on mules to the Colorado River at the bottom of the Canyon instead of the two sightseeing rim drives, may do so.
Lv. Grand Canyon .... 7:45 p.m.....

Sunday, June 21

Ar. Riverside .....10:00 a.m.....
Opportunity to attend church service, if desired. Luncheon in the patio of Mission Inn, famous for its architecture and collection of art from throughout the world. Luncheon is $1.50. Sightseeing including the Orange Groves, Summit of Mt. Rubidoux, etc., $2.00 per capita for those desiring.
Lv. Riverside ..... 3:30 p.m.....Santa Fe
Ar. Los Angeles..... 5:15 p.m.....
Arrival at this hour should afford opportunity for those desiring to register for the convention on Sunday

Monday, June 22—Friday, June 26

ATTENDING CONVENTION

**June 19—Day Trip to Santa Fe*

Ar. La Junta..... 7:40 a.m.....
Lv. La Junta..... 7:50 a.m.....
Ar. Lamy ..... 3:35 p.m.....
Special motor coaches will be available for side trip as follows:
Lv. Lamy ..... 3:40 p.m... Motor coach

Ar. Santa Fe ..... 4:10 p.m... Motor coach
Sightseeing about old Santa Fe including admission to the chapel of San Miguel, oldest church in America, and the Palace of the Governors, etc.
Lv. Santa Fe ..... 6:00 p.m... Motor coach
Ar. Lamy ..... 6:30 p.m... Motor coach

The motor side trip from Lamy to Santa Fe and return including admission to oldest church in America, etc., will be $2.00 per capita and those wishing to take advantage of this side trip must signify their intention when making their reservations for the Special Train in order that sufficient motor coaches will be available; those not wishing to purchase this side trip will remain at Lamy.

Lv. Lamy ..... 6:35 p.m... Special train
Ar. Albuquerque ..... 8:15 p.m.....
Brief stop to visit Harvey curio rooms adjoining station.
Lv. Albuquerque ..... 8:35 p.m.....
Balance of schedule unchanged except that the arrival at Grand Canyon will be 8:00 a.m.

APPROXIMATE RAILROAD FARES

To Los Angeles and Return

From	Returning Via Direct Routes	Returning Via Portland, Ore.	From	Returning Via Direct Routes	Returning Via Portland, Ore.
Atlanta	$100.75	$112.80	Kansas City, Mo.	$ 72.00	$ 75.60
Baltimore, Md.	120.75	120.75	Milwaukee, Wis.	86.00	86.00
Boston, Mass.	132.80	132.80	Minneapolis, Minn.	86.00	86.00
Buffalo, N. Y.	109.55	109.55	New Orleans, La.	85.15	104.50
Chicago, Ill.	86.00	86.00	New York, N. Y.	126.90	126.90
Cincinnati, O.	97.00	97.00	Philadelphia, Pa.	122.85	122.85
Cleveland, O.	101.35	101.35	Pittsburgh, Pa.	107.10	107.10
Dallas, Tex.	72.00	90.00	Oklahoma City, Okla.	72.00	81.95
Des Moines, Ia.	77.65	81.50	St. Louis, Mo.	81.50	81.50
Detroit, Mich.	98.30	98.30	Washington, D. C.	120.75	120.75
Ft. Worth, Tex.	72.00	90.00	Wichita, Kans.	72.50	75.60
Indianapolis, Ind.	92.60	92.60	Wilmington, Del.	122.85	122.85
Jacksonville, Fla.	109.80	127.25			

$7.60 additional for side trip, Williams to Grand Canyon and return, on all tickets.
Rates quoted above during 1935 summer season carried final return limit of 45 days, at least, and in a few instances a longer limit.

APPROXIMATE PULLMAN RATES

On the Special Train to Los Angeles via Grand Canyon

From	Lower	Upper	Comp.	Drawing Room
New York	$26.50	$21.20	$74.50	$93.50
Chicago	19.25	15.40	54.00	68.00

Return Pullman rates via direct routes approximately the same, depending on stopovers made on return trip.

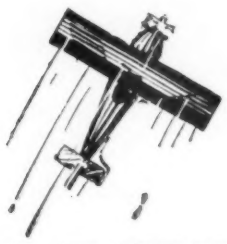
Returning via Portland, Ore., would be proportionately higher.

Meals in dining car on the Special Train will be table d'hôte, breakfast 50 cents, luncheon 90 cents, dinner $1.25, or a choice of à la carte service for those who prefer.

Reservations and tickets may be secured from nearest Santa Fe representative outlined below or your local ticket agent can complete your arrangements, calling on nearest Santa Fe representative for reservations.

Partial list of Santa Fe representatives:

Atlanta, Ga., 330 Rhodes-Haverty Bldg. ..... J. S. Rose, General Agent
Boston, Mass, 80 Boylston Street ..... S. B. St. John, General Agent
Chicago, 179 W. Jackson Street ..... J. R. Moriarty, Division Passenger Agent
Kansas City, Mo., 719 Walnut Street ..... R. E. Cuttell, Division Passenger Agent
Los Angeles, 743 S. Hill Street ..... G. T. Gunnip, Division Passenger Agent
Philadelphia, 1500 Chestnut Street ..... G. C. Dillard, District Passenger Agent
Portland, Ore., 1015 American Bank Building ..... L. C. Krames, General Agent



AIRPLANE AND STEAMSHIP RATES

Air Lines: Plane leaves New York 8:30 a.m. and arrives Los Angeles 11:26 p.m., or leaves New York 5:00 p.m. and arrives Los Angeles 8:00 a.m.

Air Rates: New York to Los Angeles.....$160 Round trip, $288

Bus Rates: New York to Los Angeles.....$ 36 Round trip, $ 64.80

It takes about four and one-half days each way if you continue riding.

Sleeper buses are available at various points. Single berth rates from Kansas City to Los Angeles, $5.00, and the double berth is $7.00.

Water Rates: Range from $125 (Tourist Class) up to $300 each way, depending on the steamship line and the type of accommodations. It takes from 14 to 17 days.

Dollar Line: Boat leaving New York and arriving in Los Angeles about one week before Convention. *President Taft* leaves Los Angeles on June 28 and reaches New York July 13.

Pan-Pacific Line: Also has boat leaving New York and arriving Los Angeles about one week before the Convention. The tourist rate on this line is very good—we have heard from friend.

Grace Line: Boat leaving Los Angeles June 27 and reaching New York July 14.

HOTELS

A preliminary list of hotels was published in the December number of PUBLIC HEALTH NURSING, p. 675. Additional hotels are as follows:

	No. of Rooms	Single with Bath	Two or More with Bath, Per Person
Ashbury Apartments, 2505 W. 6th Street	18		2.00-3.00
Barbara Hotel, 1927 W. 6th Street	25	2.00	1.50
California, 1907 W. 6th Street		1.50-2.00	1.00-1.75
Chapman Park, 615 S. Alexandria		3.00	1.75-2.00
Chelsea, 504 S. Bonnie Brae	50	1.50	1.50
Clark, 426 S. Hill	160	2.00	1.50
Commodore, 7th Street and Lucas Avenue	150	1.50	1.00-1.25
Cortez, 375 Columbia Avenue	10	1.50	1.25
Park Wilshire, 2424 Wilshire Boulevard	60	2.00-3.00	1.25-2.25
Trinity, Grand Avenue at 9th	65	2.00	1.25-1.75

MEMBERSHIP RALLY LUNCHEON

Plans are being made for an N.O.P.H.N. membership rally at a luncheon meeting during Biennial week, on Tuesday, June 23. Watch for further announcements.

VISIT THE N.O.P.H.N. BOOTH

The N.O.P.H.N. is planning to have a booth as usual in the section reserved for exhibits in the auditorium. Members of the N.O.P.H.N. staff will be available there for conferences. Even if you do not have any problems to talk over, come anyway and visit with us!

DISEASES OF THE SKIN AS A NURSING PROBLEM

THERE can be no one set of rules governing actions of the nurse in respect to diseases of the skin. What any nurse does under any particular set of circumstances depends upon the fundamental philosophy guiding her department. The difficulties that arise from mismanagement of the skin diseases can be most serious. The seriousness of the social and political complications may be far more troublesome than the seriousness of the actual skin disease. If any general statement could apply to this problem, it would be "common sense must govern the action of the nurse at all times."

It is absolutely essential that each nurse be thoroughly familiar with the appearance of a normal skin. The nurse must be able to recognize those things that constitute abnormalities, and be able to classify these abnormalities under several main groups. She should know those conditions that are likely to be of a communicable nature, those that are infectious and unsightly but not communicable, and those that are due to structural changes within the skin itself. She should be so familiarized with those phases of her work that she can in turn give to the school teachers and other lay persons a general idea as to the difference between normal and abnormal findings. It is not within the scope of this paper to give detailed instructions in the method of making a differential diagnosis of various pathological conditions.

Assuming that the nurse has received training sufficient to classify skin conditions into these groups, there then comes the problem of what should be done next. In those places where diagnostic services are freely available, the nurse should never attempt to make a final differential diagnosis. If the nurse is working under the immediate supervision of a school physician, or if she has the prompt and comprehensive services of a department of health diagnostician, or if the services of private physicians are easily available, she should not assume the added responsibility. Any advantage that might be gained by the nurse making a diagnosis will be more than outweighed by the possible damage to her program, resulting in the way of antagonism from parents and physicians.

When the nurse is working under conditions where no such diagnostic facilities are available, then she must, of course, for the sake of the children, promptly and as nearly accurately as possible pass on each case. Even in those schools most isolated and removed from medical service, the nurse should try, on every occasion, to have some competent physician check on her interpretation of skin conditions. This not only will tend to increase the accuracy of her findings, but will act as a factor tending to increase the confidence of her public.

The question of the disposition of the case of skin disease is always troublesome even under the most ideal working conditions. In our larger centers, with their well organized and full staffed health service departments, the problem continues to be irritating. It is to be remembered that the school is not organized for the purpose of practicing medicine. The school nurse has not been trained to practice medicine in any respect. In the majority of instances, there are available facilities within the community capable of being utilized for

treatment of the child with a disease of the skin. The temptation is always present to have the nurse treat certain minor conditions because it seems easier. When the nurse does this, even though it seems at the time to be a most satisfactory solution, difficulties are encountered. It has been a common experience in cities to find that when the nurse has been in the practice of treating impetigo, scabies, ringworm, and when these treatment services were discontinued, the number of cases in schools actually decreased. The explanation of this is to be found in the fact that as long as the nursing service, through its actions, taught the public that the responsibility for the spread, diagnosis and treatment of these conditions rested with the school, just so long did the public refuse to accept its share of responsibility. Usually when this responsibility is placed entirely upon the school, the conditions can not be handled properly. Until the family and the community meet their obligations the school clinic fails to accomplish any permanent good. This results in increased number of cases, more work for the nurse, more dissension on the part of the people, and difficulty for the whole program.

In those localities where such treatment clinics were once open and were discontinued, it has been found that the incidence of the disease decreased, providing the nurse and school health staff devoted the proper time to the instruction of the parents as to the necessity and means of meeting their obligations in caring for their children. In a very short time, the community can be shown that it need not turn to the school for this type of care. Once having learned this, and having learned how to care for themselves, the burden of cases as a school problem is rapidly lessened. A note of warning must be sounded, for if the school nurse attempts to carry out this type of program without the complete understanding on the part of the teachers a great confusion will arise. There is a desire on the part of certain groups of teachers to consider it the "duty" of nurses to treat all such conditions as come to their attention without consideration of the ultimate results to the health education of the community. This attitude must be thoroughly overcome before treatment of skin disease is discontinued as a school program.

An entirely different attitude toward treatment must be taken in those communities where medical services are not available. In order to protect the health of the children, it is necessary for the nurse to undertake to administer appropriate treatment. It must be realized that such action is always potentially dangerous. There may be repercussions from such a program that will disrupt the entire organization. This danger can be averted very easily by having a complete understanding with the entire community as to what is being done. The parents of the children should be informed as to the nature of the condition being treated. They should be told the means of spreading, and if the condition is likely to involve other members of the household, they should be instructed in the method of carrying on appropriate treatment in the home. The school board and authorities should be acquainted with the fact that such treatment is undertaken purely as an emergency service, and the nurse cannot rightfully be called upon to continue it indefinitely. The physician or physicians who ordinarily render care of any type to this group of people, should have the program explained fully to them, and their approval secured before any steps are taken.* If these things are done, that is, if coöperation is secured from parents, school authorities and medical agencies, it is not unlikely the nurse will find she no longer has a problem of great magnitude in respect to skin diseases. These three forces, parents, teachers, and physicians are, under most circumstances, able to solve this problem along with others dealing with the health of the child. The nurse then has

*Standing orders secured from the County Medical Society might be of great assistance to the nurse in such situations.—THE EDITORS.

as her rôle, one of coördination of forces, and needs to give only such actual care as will supplement that supplied through the home.

A common sense attitude must be taken toward the whole problem. Diseases of the skin can not be looked upon as presenting problems different from diseases of the tonsils or eyes. The child who comes to school with neglect of skin conditions is frequently the child with neglect in respect to other health factors. The nurse, by applying a few ointments or oils can do very little to educate the public as to the need for, or the means of, securing medical care. Because a disease appears on the skin and is more easily seen is not sufficient justification for violating the principles governing conduct in respect to medical treatment by the nurse. Also it is not reasonable to expect the school nurse to act differently towards skin diseases than do the teachers, parents or other well-informed lay persons. It is unreasonable to demand that the nurse refrain from making a diagnosis of ringworm on the face, when other individuals with whom the child has come in contact have already made such a diagnosis. Merely because the worker is a nurse is no reason why she should not be permitted to say that a child has impetigo, scabies, pediculosis or other conditions, that have already been diagnosed correctly by lay persons. All too frequently the school nurse has imposed upon her rules and regulations in respect to making diagnoses that make her appear ridiculous in the eyes of the teachers and the parents. Even though the nurse can and should recognize certain disease conditions of the skin, she should not, however, assume a responsibility that rightfully belongs to physicians, if respect for medical diagnosis is to be furthered in that community.

The school nurse can solve her problem in respect to skin diseases to the degree that the coöperation is secured. Efforts directed towards placing the responsibility upon the parents and physicians will prove far more fruitful in eliminating these conditions than a comparable amount of time spent in providing treatment for already existing conditions. The nursing services given school children should be aimed at supplementing and not replacing existing facilities available to the parents.

DON W. GUDAKUNST, M.D.
Director, School Health Service,
Detroit, Michigan

WITH THE IOWA NURSES

"A fourth grade pupil who has been gaining too much weight was given a physical examination by the family physician and is now being treated for thyroid trouble."

"The physiology class is studying the circulation of the blood and we have made some very interesting tests. The students have learned how to take the pulse rate."

"A boy in Washington School in Dubuque was sent to the Sunny Crest Sanatorium. He had been a patient in that institution since last February and was ready for discharge. The nurse made an investigation of the home conditions before he was to leave the sanatorium and found that there was no one to look after the boy except an invalid father and a younger brother. The family was on direct relief. Arrangements were made to remove them to a more favorable location. Teachers from the Washington School arranged for furniture for the home. Two of the teachers assisted in putting the rooms in order. The home economics teacher worked out a budget plan to help the family select a more balanced diet on their county allowance and through the county office, we were able to get a more liberal supply of food needed for the health of the family."

—Excerpts from the *Public Health Nursing Bulletin* of the Iowa State Department of Health.

EDITED BY
DOROTHY J. CARTER

YOUR CHILD IN HEALTH AND IN SICKNESS

By Hugh L. Dwyer, M.D., Dr.P.H. Alfred A. Knopf, New York. 1936. $2.75.

This handbook on the care and feeding of children from infancy to adolescence, is simply written and easily understood. It is a valuable contribution to the humanizing of knowledge whereby the results of the intensive learning of specialists may be understood by multitudes of laymen.

The author's primary purpose is "to guide the mother to a correct understanding of present-day practice in the prevention of disease in childhood." For this reason, only five of the seventeen chapters deal with the child in sickness. The other chapters cover prenatal care, infant care, training, growth, diet, vitamins, posture and mental hygiene.

A wide range of information helpful to parents has been assembled. For example, the chapter on "Growth and Development" contains Dr. Gesell's standards of mental development. The chapters on feeding contain a detailed account of the composition and characteristics of the various kinds of milk, patented baby foods and cereals. The results of the most recent research are included in the sections on vitamins and immunization. Throughout the book care has been taken to puncture popular fallacies and superstitions.

Numerous tables, line drawings and photographs hold the reader's interest and improve his comprehension.

Public health nurses may demur at the statement that "if a baby being fed on a three-hour schedule is asleep when his feeding time comes, it is better to let him sleep than to awaken him for nursing. If this is done he usually will be more wide-awake and take a better feeding." Such a practice might tend to disrupt the regular feeding schedule. Also, one would like to see more emphasis placed on rate of growth and development charts rather than on an average as shown by weight-height tables.

However, nurses will find this an excellent book to recommend to mothers who are anxious to secure a scientific grounding in up-to-date methods of child care. And the nurses themselves can learn a great deal about educating laymen from the manner of presentation.

MARY NEVIN
Bogota, N. J.

THE ART OF LEADERSHIP

By Ordway Tead. McGraw-Hill Book Company, New York. $2.50.

This is an encouraging book. Leaders, says Mr. Tead, are not always born, but can be made and are made every day. Then he proceeds to tell how, simply and clearly and with enough concrete suggestions and examples to be of service to a worker in any field. In fact, there is almost no statement that does not apply to public health nursing and Mr. Tead devotes a whole chapter to women as leaders although, to the reviewer's mind, it is rather superfluous.

Some of Mr. Tead's best suggestions will be found in the chapters on conferences and the relationship between leader, assistant leaders, and the led.

This would seem to be an important book for any nurse responsible for leadership of any kind to read and to have on hand for occasional reference.

D.D.

Under the title "The Problem of Voluntary Health Agencies," Dr. C.-E. A. Winslow makes a strong plea for the private agency in the public health program in an editorial in the *American Journal of Public Health* for March 1936.

ON TO CALIFORNIA!

In case you are looking for something to read between now and June we suggest that you consider the following list of books for information, preparation and recreation. This list has been prepared for us by Mrs. Kendal Frost, a resident of Los Angeles.

HISTORIES AND GUIDES

HISTORY OF CALIFORNIA; THE SPANISH PERIOD. Charles Edward Chapman. The Macmillan Company, New York. 1921. $4.

HISTORY OF CALIFORNIA; THE AMERICAN PERIOD. Robert Glass Cleland. The Macmillan Company, New York. 1922. $4.

DEATH VALLEY IN FORTY-NINE. William Lewis Manly. 1929. Hebberd. Dawson's Bookshop, 627 S. Grand Ave., Los Angeles, Calif. $2.

SIXTY YEARS IN SOUTHERN CALIFORNIA (1834-1913). Harris Newmark. Houghton Mifflin Company, Boston.

CALIFORNIA THROUGH FOUR CENTURIES. A handbook of memorable historical dates. Drawings. Phil Townsend Hanna. Farrar & Rinehart, New York. 1935. $1.50.

CALIFORNIA, AN INTIMATE GUIDE. Illustrated maps. Aubrey Drury. Harper & Bros., New York. 1935. $3.50.

LOS ANGELES, CITY OF DREAMS. H. Carr. D. Appleton-Century Company, New York. 1935. $5.

NOVELS

LAUGHTER OUT OF THE GROUND. A novel in cadence. Robin Lampson. Charles Scribner's Sons, New York. 1935. $3.50.

ROUGHING IT. Samuel Langhorne Clemens (Mark Twain). Harper & Bros., New York. New edition, 1934. $1.

TWO YEARS BEFORE THE MAST. Richard Henry Dana. Houghton Mifflin Company, Boston. Cambridge Classics, $1.75; Riverside Literature Series, 92c.

WOMAN OF SPAIN. A Story of Old California. Scott O'Dell. Houghton Mifflin Company, Boston. 1934. $2.

RECENT PAMPHLETS AND REPRINTS

Trained Personnel for Public Service. By Katherine A. Frederic. The National League of Women Voters, 726 Jackson Place, Washington, D. C. 25 cents. A brief study attempting to show the present public personnel policies and some of the opportunities for improvement. Includes a list of selected references, questions for discussion and outline for an inquiry into public personnel in local community.

The Effects of Alcohol on the Individual and the Community. New York State Liquor Authority, 80 Centre Street, New York, N. Y. Presents in summary form recent scientific studies which shed impartial light on controversy about alcohol and its effect upon man.

Parent Education Opportunities. By Ellen C. Lombard. United States Office of Education Bulletin 1935, No. 3. Order from Superintendent of Documents, Washington, D. C. 10 cents. This bulletin describes the activities of agencies which have had parent education programs since 1930 and was prepared for the purpose of indicating where opportunities for training leaders in parent education are available.

Municipal Housing. By Helen Alfred. National Public Housing Conference, 112 East 19th St., New York, N. Y. 10 cents. Gives a background for an understanding of the Wagner Bill for slum clearance and low-rent housing.

State Institutions: How to Use Them Wisely. New York State Committee on Mental Hygiene, 105 East 22nd St., New York, N. Y. 1935 edition, 10 cents. Contains information on state institutions for the mentally diseased, mentally defective and epileptic; also state institutions and private institutions, in receipt of public funds, for the blind, crippled, deaf, etc.

How Tuberculosis Spreads in a Rural Community. Jean Downes. American Journal of Public Health, January 1936. Showing the importance of extra-familial as well as familial contacts. Limited supply of reprints available from the Milbank Memorial Fund, 40 Wall Street, New York, N. Y. Free.

Measuring the Effectiveness of a Tuberculosis Program. Jean Downes. Reprinted from The Milbank Memorial Fund Quarterly, January 1936. Limited supply available from The Milbank Memorial Fund, 40 Wall Street, New York, Free. Demonstrates that special methods must be used to measure the effectiveness of tuberculosis work.

Rate of Growth as a Health Index. C. E. Turner, W. W. Longee, Katherine Sarabia, and Ruth Parsons Fuller. Department of Biology and Public Health, Massachusetts Institute of Technology, Cambridge, Mass. The study shows that children showing the poorest annual growth were those that rated lower in health behavior, amount of illness and number of physical defects.

• A scholarship in health education is again being offered to a public health nurse by the Massachusetts Institute of Technology at Cambridge, Massachusetts, for 1936-1937. The scholarship covers the tuition fee of $500 for the year's work from September to June. As in former years, candidates for the scholarship will be recommended by the N.O.P.H.N. The requirements for the scholarship are:

Basic sciences such as mathematics, physics, chemistry, biology.

Satisfactory academic and professional training, with preferably a college degree.

Experience in public health nursing or health teaching.

Applications should be received not later than May 15. Further information and application forms may be secured from the National Organization for Public Health Nursing, 50 West 50th Street, New York.

• The Texas State Organization for Public Health Nursing will hold its annual meeting on May 13 at Dallas, Texas.

• The following officers were elected at the recent meeting of the Pennsylvania Organization for Public Health Nursing: *President,* Miss Martha Langley, Visiting Nurse Society, Erie; *Vice-President,* Miss Rhesa King, Westmoreland County Chapter, American Red Cross, Greensburg; *Secretary,* Miss Vesta M. Miller, Visiting Nurse Association, Lancaster; *Treasurer,* Miss Elizabeth Scarborough, Visiting Nurse Association, 1340 Lombard St., Philadelphia.

• The Michigan League of Nursing Education held its annual institute on February 14 and 15 at the Henry Ford Hospital, Detroit, Michigan.

• The Public Health Nursing Committee of the San Francisco Community Chest, of which Miss Ernestine Schwab, Director of Field Nursing in the Department of Public Health, is chairman, is planning to demonstrate in San Francisco a completely generalized home nursing district. The new demonstration will combine all home nursing services into one coördinated activity.

• The National Association of Colored Graduate Nurses sponsored three regional conferences during January and February, at Tuskegee, Alabama, Durham, North Carolina, and Washington, D. C. The topics discussed in each region were: "Implications of the Public Health Nursing Program under the National Security Act," "Vocational Opportunities in Nursing," and "The Responsibility of the Nursing School to Its Personnel and the Responsibility of the Staff and Student to the School." Also at each meeting Mrs. Estelle Massey Riddle of Akron, Ohio, President of the Association, presented the topic, "The Kind of a National Association the Negro Nurse Can Create." Mrs. Mabel K. Staupers, Executive Secretary of the Association, assisted each region in making plans for the conferences.

• The nurses of Illinois are busy keeping up to date. Four one-day communicable disease conferences have recently been held in Moline, Rockford, Bloomington and East St. Louis under the sponsorship of local public health nursing organizations, the Metropolitan Life Insurance Company and the Division of Child Hygiene and Public Health Nursing of the Illinois State Department of Public Health. Over 200 nurses, including public health nurses and supervisors of communicable disease nursing in hospitals, attended the conferences. A simplified method of communicable disease nursing technique was one of the topics discussed.

Also the Division of Child Hygiene and Public Health Nursing of the State Department of Public Health and the Institute for Juvenile Research of the Department of Public Welfare have been conducting one-day conferences on mental hygiene for public health nurses in Springfield, Illinois. Two such conferences have already been held in January and February, and the third and last in the series will be held in March. The program consists of the presentation and discussion of the principles of mental hygiene, children's behavior problems, medical and nursing aspects of mental hygiene, and will include a case staff meeting making use of the cases which attend the child guidance clinics of Springfield. It is hoped that this program is the beginning of mental hygiene study for public health nurses in Illinois and that other conferences will be planned in various sections of the state.

• The N.O.P.H.N. is the proud possessor of a Certificate of Merit awarded by the National Negro Health Movement for its coöperation in the regular annual observance of National Negro Health Week, March 31-April 7, 1935.

This year National Negro Health Week will be observed from March 29-April 5. *The Child and the School as Factors in Community Health* will be the Committee's special objective for 1936 proclaimed by the slogan, "The World Marches Forward on the Feet of Its Children." A very limited supply of the program, plan for organization, application forms, announcement and rules of the poster prize contest and application form, and suggested sources of coöperation is available without charge from the National Negro Health Week Committee, U. S. Public Health Service, Washington, D. C.

• The Visiting Nurse League of Fort Wayne, Indiana, is to be the agency through which will be disbursed funds raised for the treatment of infantile paralysis victims in Fort Wayne. This fund represents 70 per cent of the proceeds of the annual President Roosevelt Birthday Ball held on January 30, plus $484 received last year. A permanent committee has recently been appointed to administer the funds raised through the sale of tickets to this annual ball.

• The National Congress of Parents and Teachers will hold its Thirty-Ninth Annual National Convention at the Hotel Schroeder in Milwaukee, Wisconsin, May 11-15, 1936.

• The first Family Relations Institute in New Jersey was held in Orange, N. J. on February 4, 5 and 6. This institute, designed for men and women who recognize the needs for further enlightenment in approaching the important problems of educating youth for happy marriage, wise parenthood, wholesome family life and good citizenship, was sponsored by the Council of Social Agencies, the Welfare Federation, P.T.A. groups, churches, women's clubs, service clubs, medical boards of local hospitals and other organizations and was under the direction of Dr. Valeria H. Parker, consultant of the American Social Hygiene Association.

• The following men have recently been appointed to the Public Health Council in New York State: Herman G. Weiskotten, M.D., dean of the University of Syracuse and director of the University Hospital; Clayton W. Greene, M.D., who is on the faculty of the College of Medicine at the University of Buffalo; George Baehr, M.D., attending physician on the staff of the Mount Sinai Hospital in New York City; and Simon Flexner, M.D. of New York City. Dr. Flexner is a reappointment having been a member of the Council since 1913 and chairman continuously since 1923.

• The Carl Schurz Memorial Foundation for the development of cultural relations between the United States and German speaking countries has announced that Dr. Erna von Abendroth, lecturer on public health nursing, social welfare and women's activities in Germany, will be available for lectures under the auspices of the Foundation from January to May 1936. Dr. Erna von

Abendroth is a leader among German women in the field of public health nursing. She is the founder of a training school for nurses in Dresden, has made notable contributions to the development of social welfare work in Germany, and is intimately acquainted with the problems facing women in professional life. Dr. von Abendroth will give illustrated lectures on the following topics: History of nursing in Germany; German women in agriculture; the organization of women's work in Germany; German girls; professional women in Germany; the development of welfare and health work in Germany (including social insurance); hiking and traveling in Germany. Those interested in the possibility of securing Dr. von Abendroth should write directly to the Carl Schurz Memorial Foundation, 225 South Fifteenth Street, Philadelphia, Pa.

• Nurses who like to conjure with the idea of going abroad at some future time will be interested to know that it has been decided to hold the next International Congress of Nurses in 1937 in London about the second week in July. Dame Alicia Lloyd Still, St. Thomas' Hospital, London, is president of the Congress.

• Willard W. Beatty, former superintendent of the Bronxville Public Schools, Bronxville, N. Y., has just been appointed to the position of Director of Education for the Office of Indian Affairs.

• Medical and health officials of the New York City school system, representatives of the New York Academy of Medicine, and members of the Board of Superintendents will participate in a general medical survey of the school system. Objectives of the survey are the reduction of illness among pupils and teachers and coördination of the various medical services in the schools.

• Public health nursing in Wisconsin has this year unusual reasons for being joyous. After a long, strenuous effort, the 1935 Legislature, appreciating the need of additional health work at this time, voted to grant a sum of $1,000 yearly to counties employing public health nurses.

• A series of two-day Maternity Institutes under the auspices of the Massachusetts State Department of Public Health and The Commonwealth Fund of New York City were conducted by Miss Anita M. Jones of the Maternity Center Association, New York City, in eight cities in Massachusetts during October and November, 1935. Invitations were sent to all the public health nurses, approximately 1,500, asking them to register in advance and the cities in which the institutes were held were so conveniently distributed throughout the state that the nurses found it possible to attend in large numbers. As is always the case with these institutes the response was most enthusiastic.

• The Examination for registration of nurses in Wisconsin will be held in Milwaukee on March 24, 25, 26, and 27, 1936. Applications must be on file in the office of the Bureau of Nursing Education, State Board of Health, Madison, Wisconsin, not later than March 4, 1936.

NEW APPOINTMENTS

(For J.V.S. appointments see page 186)

Miss Florence Manley, Supervising Nurse, City Health Department, Buffalo, New York.

Louise Sykes, High School Teacher-Nurse, Board of Education, Hammond, Indiana.

Ruth F. Wheeler, Assistant Supervisor, Milton Visiting Nurse Association, Milton, Mass.

Hazel Bratton, State Supervisor of Nurses and Household Aides under the WPA, Minneapolis, Minnesota.

Lucille Johnson, School Nurse-Teacher, State Teachers College, Bemidji, Minnesota.

Mrs. Marion Wetzel, Itinerant Staff of the American Red Cross, Oakland, Nebraska, for three months' service.

Cecilia Eyolfson, State Director of Nursing Service, Works Progress Administration, Bismarck, North Dakota.

Correction: In the report of Students Registered in Accredited Courses appearing on page 51 of the January number, the following should be added to the information given for the Department of Public Health Nursing, Washington University, St. Louis, Mo.: During year 1934-35, twelve Certificates of Public Health Nursing and four B.S. degrees were awarded. We regret very much that this omission occurred.

STUDY PAGE FOR MARCH

For Board Members, Executives, Staff Nurses, and Students

To be used as a guide in selecting material from this number for perusal and study.

Board Members

Whether or not health insurance is the most desirable method of solving the present unequal burden of the cost of medical care, it is certainly one of the methods that deserves the utmost consideration and study. What are some of the factors in the present situation that have revealed the need for a better adjustment of medical services? What did the proposed California plan embrace? See page 148.

Executives

What were the details of the plan that the two visiting nurse associations worked out for exchanging staff nurses? Would such a plan be desirable for your organization? See page 170.

Staff Nurses and Students

What are the objectives of the school health program as formulated by the Oakland Public Schools? Could these be applied to your own school health program? See page 153.

What are the similarities and differences between a county nursing program in California and in your section of the country? See pages 145 and 156.

What fundamental principles should the school nurse keep in mind in dealing with skin diseases among school children? See page 191.

For All

Please review carefully the revised "Minimum Qualifications for Those Appointed to Positions in Public Health Nursing" for 1935-40, page 172. Here is a goal for all for 1940!

And just for fun—do read Mrs. Chapple's delightful description of Los Angeles, page 141, even though you may not be planning to go to the Convention!

MATERNITY INSTITUTE IN NEW YORK

An intensive six weeks' Maternity Institute starting April 1 is being offered in New York City under the joint auspices of the Maternity Center Association and the Department of Nursing Education, Teachers College, Columbia University. The Institute will be open only to supervisors of maternity work in public health nursing agencies, and the number will be limited to fifteen. The program will include class work in obstetrics, maternal care and allied subjects and some field observation, including observation of deliveries in the home. Credit will be allowed by Teachers College. Expenses will be the tuition fee of $50, plus living expenses. Applications should be sent immediately to Maternity Center Association, 1 East 57th Street, New York, N. Y.